

**2016**

**Standard Operating Procedures for  
Female Intensive Residential  
Treatment Providers**

**OFFICE OF JUVENILE JUSTICE**

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## **MISSION, VISION, GUIDING PRINCIPLES**

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### **MISSION**

The Office of Juvenile Justice protects the public by providing safe, and effective individualized services to become productive, law abiding citizens.

### **VISION**

The Office of Juvenile Justice is a quality system of care which embraces partnerships with families, communities and stakeholders to assist youth in redirecting their lives toward responsible citizenship.

### **GUIDING PRINCIPLES**

Honesty – To be honest; to do everything with integrity

Achievement – To be outcome-oriented in achieving results consistent with our mission

Versatility – To value, promote and support diversity and cultural competence

Ethical – To be ethical; to do the right thing, both legally and morally

Focused – To be focused on empowering people to succeed

Accountable – To be accountable for the effective and efficient management of our resources

Informed – To be informed and guided in our decisions by appropriate and valid data

Team Work – To be effective and efficient team of professionals

Harmonious – To be inclusive – involve all parties, both external and internal, who need to be part of the process.

**Have Faith: Together we help change lives.**

## SECTION 1:      PHYSICAL PLANT

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It is the position of the Office of Juvenile Justice that the condition and appearance of physical surroundings where participating youth are placed influence their behavior. It shall be the responsibility of the contractor to see that all the buildings used to house, feed, supervise, or instruct youth are structurally sound, adequately maintained, appropriately furnished, and sanitary at all times.

### **1.1      Compliance with State and Local Codes and Ordinances; Requires Policies**

The facility shall comply with all state and local building codes as determined by the State Fire Marshall.

The contractor shall maintain documentation that the facility meets all applicable zoning laws, regulations, and neighborhood restrictions.

The facility shall comply with all state and local fire safety codes and shall submit documentation according to terms of their contract.

The facility shall comply with all local and state health and sanitation standards and shall submit documentation according to terms of their contract.

The facility shall establish a drug-free work place policy.

### **1.2      Location of Facilities**

Facilities should be located on a site conducive to the purposes and goals of the program. The design of the facility shall promote the purposes of the program and provide an environment consistent with the functions of the program.

If the program has been established or is seeking to serve exclusively youth referred by the Office of Juvenile Justice, the Office of Juvenile Justice reserves the right to approve the site, design and, proposed floor plan for any new or relocated facility. The contractor shall be asked to produce:

- A.      Evidence that the site location of the facility will be appropriate to youth to be served in terms of individual needs, program goals and access to essential services.
- B.      A description of the way in which the facility physically harmonizes with the neighborhood in which it is located considering such issues as scale, appearance, density, and population.

### **1.3 Accessibility, General Safety, and Maintenance of Buildings and Grounds**

The program buildings, parking lots, and other facilities shall be accessible as required by the Americans with Disabilities Act and other federal and state laws and regulations. The contractor shall ensure that all structures are maintained in good repair and are free from hazards to health and safety. The facility grounds shall also be maintained and shall be free from any hazard to health and safety.

The program shall have a written plan for preventative and ongoing maintenance and safety. Each facility shall develop policy and procedures pertaining to:

- A. Fire control;
- B. Flammable, toxic, and caustic material control;
- C. Emergency power and communication procedures;
- D. Emergency evacuation plans;
- E. Employee work stoppage;
- F. Escapes/runaways;
- G. Hostage situations;
- H. Medical emergencies;
- I. Notification of death;
- J. Specialized emergency situations (i.e. natural disasters); and
- K. Riot/disturbance plans.

These plans shall be reviewed and updated annually, as necessary, with an updated plan submitted annually to YS/OJJ.

Each contractor shall have a designated staff member responsible for the safety program at the facility. This individual shall conduct monthly inspections of the facility to identify:

- A. Fire safety;
- B. Existing hazards;
- C. Potential hazards; and
- D. Corrective action that is required to address identified hazards.

This report shall be kept on file for review by the Office of Juvenile Justice facility monitors.

### **1.4 Vehicles**

The facility shall have access to vehicles to transport all residents in the event of an emergency. Vehicles used to transport youth must be mechanically sound, road worthy, in good repair, and meet YS/OJJ requirements for insurance coverage as per contract. The interior of the vehicle shall be free of loose items, i.e. jacks, tools, crowbars, fire extinguishers, etc.

All vehicles must display current state licenses, proof of annual motor vehicle inspections, proof of insurance and shall comply with all applicable state laws.

When in use, all vehicles must carry a standard first aid kit and a fire extinguisher which are easily accessible to staff.

The program shall have a vehicle maintenance and equipment check list, which shall include a listing of all critical operating systems and equipment inspections, the date of the last inspection, and the type of service or action taken.

All repairs required to critical operating systems (i.e. brakes, head lights) shall be made immediately.

All worn or missing critical equipment shall be replaced immediately (i.e. tires, jacks, seat belts).

#### **1.4.1 Drivers**

All drivers of vehicles must possess a valid Louisiana driver's license and the proper license required by state law for the type of motor vehicle operated.

All operators' driving records must be checked upon hiring and at least annually thereafter through the Office of Motor Vehicles to assess their suitability to transport youth. If the driving record is checked by the insurance agency, which reports acceptability to the provider, this is sufficient to meet the terms of this section. Verification shall be maintained in personnel files.

## **SECTION 2: STAFF AND STAFFING REQUIREMENTS**

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### **2.1 Staff Qualifications**

All individuals providing services to youth in the custody of YS/OJJ must possess all licenses and/or certificates required by statute or by the Department of Children and Family Services (DCFS), the Department of Health and Hospitals, Office of Health Standards or the program's accrediting body, as applicable.

All individuals providing services must be qualified to do so by educational background and/or experience.

Copies of required degrees and/or transcripts showing educational hours shall be kept on file for review by the monitors.

These standards shall constitute in part the basis for determining the adequacy of program and professional services delivered under contractual agreement with YS/OJJ.

## 2.1.1 Position Descriptions and Qualification Criteria

**Case Manager:** An individual to whom the youth is assigned at admission who assists the youth with her SRP, assesses the non-therapeutic needs of the youth and maintains her case record, presents the case in staffing, communicates with appropriate individuals regarding the youth, and prepares written communications including discharge reports. With appropriate credentials, the Case Manager may also serve as the Counselor.

Individuals providing this function must possess, at a minimum, a bachelor's degree from a fully accredited college or university in the social sciences or related field.

**Social Worker/Counselor/Therapist:** An individual responsible for the assessment of treatment needs, development and implementation of a plan for therapeutic services and the provision and monitoring of therapeutic/rehabilitative treatment services including individual, group, and family counseling to youth participating in an intensive residential treatment program.

Individuals providing this function must possess, at a minimum, a master's degree from a fully accredited college or university in social work, psychology, or counseling, and be supervised by a licensed mental health professional.

**Youth Care Worker:** A member of the team responsible for developing and monitoring SRP's for youth in intensive residential treatment programs, conducting educational groups, developing and supervising day-to-day activities, implementing the behavioral management plan, monitoring telephone calls, television viewing and video game usage, providing transportation when required, participating in off-site activities, and responding to crises.

**Direct Care Worker:** An individual responsible for supervising the youth's day-to-day living activities and performing such duties as preparing nutritious meals, supervising, observing activities and training youth in basic living skills, and providing some community transportation. This individual shall be at least age 20, and have a high school diploma or its equivalent, and at least two years post-high school employment experience working with youth in a treatment setting.

**Recreational Specialist/Staff:** An individual who develops and implements an individualized and goal-directed recreational plan for a youth.

**Teacher:** An individual who provides basic educational services as required by state and federal statutes. This individual must hold a valid Louisiana teaching certificate in the appropriate instructional field.

**Instructor:** An individual who provides skill training or vocational training. The instructor's expertise may have been gained through formal education or direct experience.

This individual must possess at a minimum, a bachelor's degree in the field of instruction, high school diploma or its equivalent with a minimum of two years of practical experience in the field.

## **2.2 Program Staffing Requirements**

The contractor shall ensure that an adequate number of qualified staff is present at all times to supervise youth and provide for their health, safety, and well-being.

Staffing patterns shall provide maximum case manager/counselor availability to youth at times when youth are able to use facility resources as outlined below, and shall provide consistency and stability so that they know the roles of each staff member.

The staffing pattern of the facility shall concentrate staff at those periods when most youth present are able to use facility resources including but not limited to the following:

- A. After school, until bedtime (generally 3:00pm until 10:00pm);
- B. On Saturdays, Sundays, and holidays when administrative and support staff are generally not scheduled;
- C. During visiting times, leisure times when fewer than 50% of the youth are on furloughs, recreational times, and evenings when youth return from furloughs;
- D. The contractor shall ensure that youth being transported are properly supervised.

Each facility shall adhere to the staffing patterns established by the DCFS, Bureau of Licensing Standards.

## **2.3 General Requirements for Staff Development**

Staff development is an essential program component. A well planned and executed staff development program increases the competency and performance of staff and volunteers and establishes a common understanding of a program's objectives, policies, and rules. Staff development shall be conducted in accordance with a written program plan and coordinated by a designated staff member at the supervisory level.

Staff development includes formal classroom instruction, on-the-job staff development under the direction of an instructor, staff development meetings, or conferences that include a formal agenda and instruction by qualified personnel.

This section does not preclude the use of videotapes, films, and other audio/visual methods of staff development. Routine staff meetings and supervisory conferences shall not be considered staff development.

All support staff who do not have direct contact with the youth shall receive 16 hours of pre-service training.

All youth care workers, teaching parents, supervisors, counselors, and case managers (including all volunteers in these positions) shall receive a total of 56 hours of staff development during the first year of employment: 16 hours of pre-service and 40 hours of in-service. An additional 40 total hours of staff development is required each subsequent year. (Programs required by contract terms to obtain ACA accreditation shall abide by ACA training standards.) **Providers, including employees, volunteers, and contract staff, are required to participate in YS/OJJ sponsored staff development opportunities when appropriate and available.**

All staff development programs shall be presented by persons who are qualified by education or experience in areas in which they are teaching. Staff development programs should define requirements for completion, and make provisions for attendance recording, a system to recognize completions, and an evaluation of the staff development program.

Staff development programs shall:

- A. Include professional development and skills development for all personnel and volunteers;
- B. Meet the needs of each staff member according to their job classification and be pertinent to his/her individual work with youth;
- C. Where available, involve the use of community resources;
- D. Include in-service staff development in existing practices, procedures, and skills necessary for working with youth; and
- E. Include pre-service and in-service training on the Prison Rape Elimination Act (PREA), and the facility's drug-free work place policy.

### **2.3.1 Pre-Service Orientation**

Pre-service orientation for all staff, including direct care staff, support staff and volunteers shall include, but not be limited to, the following:

- A. OJJ vision, mission and guiding principles;
- B. Program procedures and programmatic goals including behavior management;
- C. Job responsibilities;
- D. Personnel policies;
- E. Youth supervision;
- F. Report writing;
- G. Instruction in safety and emergency procedures including nonviolent crisis intervention;
- H. Confidentiality issues;
- I. Youth Rights and Grievance Procedure;

- J. Activity Report-Unusual Occurrence Report;
- K. Program's Standard Operating Procedures;
- L. Communicable diseases;
- M. Boundary issues;
- N. PREA; and
- O. Drug-Free Work Place Policy.

In addition to meeting the pre-service requirements listed above, individuals employed as direct care staff who do not possess at least one year of direct child care experience must complete a 30-day internship. During their first 30 days on the job, they shall be under the supervision of an experienced youth care worker or direct care supervisor. They shall not qualify when computing staff to youth ratio.

### **2.3.2 In-Service Staff Development Requirements for Direct Care Workers, Counselors, and Case Managers**

Staff development course content must include the following:

- A. Principles and practices of youth care and supervision (i.e., signs and symptoms of mental illness in children and adolescents Psychotropic medications: benefits and side effects);
- B. Program procedures and programmatic goals (i.e., behavior management system);
- C. Youth Rights and Grievance Procedures;
- D. Procedures and legal requirements concerning the reporting of abuse and neglect;
- E. Reporting and documentation of critical incidents;
- F. Behavioral observation, adolescent psychology, and child growth and development, including gender-specific issues;
- G. Counseling techniques (i.e., interpersonal communication, motivational interviewing, active listening);
- H. Conflict Resolution (i.e., passive restraints, use of force/crisis intervention, de-escalation);
- I. Legal matters (i.e. Children's Code and Criminal Code);
- J. Security procedures (i.e. key control, searches, and contraband);
- K. Socio-cultural lifestyle of youth (i.e., diversity, human dignity, cultural competency);
- L. Implementation of SRP's;

- M. Instruction on documentation and communication procedures with fellow employees and Agency Staff;
- N. Report writing (i.e., progress notes, SRP's, quarterly reports)
- O. Emergency and safety procedures including medical;
- P. Current certification of CPR and First Aid;
- Q. Safe administration and handling of medication, including psychotropic drugs;
- R. Activity Report-Unusual Occurrence Report;
- S. Program's Standard Operating Procedures;
- T. Universal precautions regarding injury and illness including communicable diseases;
- U. PREA; and
- V. Drug-free work place policy.

### **2.3.3 Documentation of Staff Development**

- A. Staff development records shall be kept by a designated staff person. Separate staff development records shall be established for each staff member and volunteer and shall include the following:
  - 1. Name;
  - 2. Assignment category [position, type of employee (full-time/part-time/volunteer)];
  - 3. Employment beginning date;
  - 4. Annual staff development hours required; and
  - 5. A current chronological listing of all staff development completed.
- B. Staff development programs must be documented by the following:
  - 1. Date and times staff development was conducted;
  - 2. Topic of the staff development session;
  - 3. Name and qualifications of the instructor; and
  - 4. A roster with signatures of all participants including subject, date, instructor(s) name(s), and duration of staff development.

## **2.4 Volunteers**

A volunteer is any person who provides time or services to the program with no monetary or material gain.

Programs serving youth shall solicit the involvement of volunteers to enhance and expand their services not to substitute for the activities and functions of facility staff.

#### **2.4.1 Volunteer Plan**

Programs that utilize volunteers regularly must have a written plan and corresponding program policies that ensure the following.

- A. Volunteer recruitment is conducted by the Facility Director or designee. Recruitment is encouraged from all cultural and socio-economic segments of the community.
- B. Volunteers are at least 21 years of age, of good character, and sufficiently mature to handle the responsibilities involved in the position.
- C. Volunteers shall complete an application for the position and are suited for the position to which they are assigned.
- D. Volunteers shall agree in writing to abide by all program policies.
- E. Volunteers who perform professional services are licensed or certified as required by state statute or regulation.
- F. Written job descriptions are provided for each volunteer position.
- G. Volunteers must agree to background and criminal record checks as prescribed by state statutes, and licensing requirements.
- H. Volunteers are adequately trained and the training is documented.
- I. Volunteers shall be supervised by a paid employee of the program. This individual shall coordinate and direct the activities of the volunteer. Volunteer performance shall be evaluated periodically and evidence of this evaluation shall be made part of the volunteer's file.
- J. A procedure shall be established for the termination of volunteers when substantial reasons for doing so exist.

#### **2.5 Criminal Background Checks**

Intensive residential programs shall complete a criminal background check on applicants prior to employment, contractors prior to providing services to youth, and volunteers through the Automated Fingerprint Identification System (AFIS). In addition, the Louisiana Child Protection Act requires that any person who maintains supervisory or disciplinary authority over youth shall be cross-referenced against the State of Louisiana Child Abuse Registry (LCAR) maintained by the Louisiana Department of Children and Family Services (DCFS).

YS/OJJ social service contractors shall ensure that all employees and volunteers, as required by statute, have submitted the required fingerprint cards and releases to the Department of Public Safety and Corrections, Office of State Police, Bureau of Criminal Identification. Documentation of appropriate requests and responses should be kept in the employee personnel records.

In accordance with RS 46:51.2, any owner, operator, prospective employee, or volunteer of a child care facility licensed by DCFS is required to complete a State Central Registry Disclosure Form (see attachment SCR 1) upon hire, annually thereafter, and at any time upon the request of YS/OJJ, and within three (3) days of any such individual receiving notice of a justified (valid) determination of child abuse and/or neglect.

Persons convicted of the following crimes shall not be employed, provide services through contract or serve as volunteers:

First degree and second degree murder; solicitation for murder; manslaughter; rape; aggravated, forcible, or simple rape; aggravated oral sexual battery; aggravated sexual battery; oral sexual battery; sexual battery; pornography involving juveniles; molestation of a juvenile; intentional exposure of the AIDS virus; computer-aided solicitation of a minor; prohibited sexual conduct between educator and student; sexual battery of the infirm; second degree sexual battery; aggravated or simple kidnapping; second degree kidnapping; aggravated kidnapping of a child; aggravated battery; second degree battery; aggravated assault; assault by drive-by shooting; aggravated second degree battery; aggravated assault upon a peace officer with a firearm; aggravated assault with a firearm; illegal use of weapons or dangerous instrumentalities; armed robbery; first, second and simple degree robbery; aggravated arson; aggravated criminal damage to property; aggravated burglary; aggravated flight from an officer; disarming of a peace officer; purse snatching; extortion; stalking; carjacking; terrorism; criminal neglect of family; aggravated incest; letting premises for obscenity; incest; criminal abandonment; carnal knowledge of a juvenile; indecent behavior with a juvenile; prostitution; inciting prostitution; prostitution by massage; sexual conduct prohibited; soliciting to prostitution; pandering; letting premises for prostitution; enticing to prostitution; crime against nature; aggravated crime against nature; peeping tom; video voyeurism; voyeurism; contributing to the delinquency of a juvenile; cruelty to a juvenile; second degree cruelty to juveniles; child desertion; cruelty to the infirmed; obscenity; operating a place of prostitution; sale of minor children; distribution or possession with intent to distribute narcotic drugs in schedule I, schedule II, schedule III, schedule IV and V; mingling harmful substances; or conviction for attempt or conspiracy to commit any of these offenses.

## **2.6 Abuse Free Environment**

Programs must provide an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment.

- A. Programs shall have a written code of conduct which prohibits the use of physical abuse, profanity, threats or any form of intimidation towards youth. Youth shall not be deprived of basic needs, ex: food, clothing, shelter, medical care, and security. Program Director or designee **shall** ensure

immediate action is taken to address any incidents of physical abuse, profanity, and/or excessive force.

- B. Any person who knows, or has reason to believe that a youth is abused, abandoned, or neglected by a parent, legal custodian, or other person responsible for the youth's welfare or that a youth is in need of supervision and care and has no parent, legal custodian, or other person responsible for a youth's welfare as defined in the Louisiana Children's Code must report this information to the Department of Children & Family Services/ Child Welfare Regional Office on the attached "DCFS Written Report Form for Mandated Reporters of Child Abuse/Neglect", and notify the regional YS/OJJ office of such report (s) within 24 hours of discovery of such abuse/neglect. For additional information refer to Section 5.10 of this document.
- C. Programs must have written rules and regulations mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Written policy must outline the program's approach to preventing, detecting and responding to such conduct by residents, staff, volunteers, etc. Programs shall comply and adopt the Prison Rape Elimination Act (PREA) Standards set forth by the United States Department of Justice.
- D. The facility shall cooperate with the YS/OJJ PREA Coordinator and investigators during all investigations of sexual abuse and sexual harassment allegations. Where sexual abuse and sexual harassment is alleged, the Facility Director must authorize the facility staff to be available without any impediment to allow YS/OJJ, DCFS, and/or local law enforcement to conduct an investigation into the allegation. The investigation may include, but is not limited to, reviewing relevant electronic monitoring recordings, interviewing alleged victims, perpetrators and witnesses, and reviewing and collecting any physical evidence.

## **SECTION 3:      GIRLS' PROGRAMMING**

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The contractor shall provide rehabilitative services designed to improve the youth's behavior, minimize the likelihood of continued delinquent offenses, and facilitate successful home/community reintegration.

### **3.1              Admission Procedures**

Once a female has been adjudicated, a SAVRY is completed by the originating regional office to determine if the youth meets the criteria for an intensive residential treatment (IRT) program. Females meeting the criteria for IRT are classified as "pending secure" and are placed on the "pending secure" list in the YS/OJJ data system. The YS/OJJ office of origin shall forward a packet containing all pertinent information concerning the youth to the YS/OJJ Central Office Director of Treatment and Rehabilitative Services. Once the

assessment is complete, the IRT program that is closest to the youth's home that has an available bed shall be notified of the pending transfer of the girl into the IRT program.

The following steps shall be taken when admitting a youth into an intensive residential treatment facility.

- A. A copy of treatment recommendations shall be faxed by the YS/OJJ Central Office Director of Treatment and Rehabilitative Services to the facility, the placing Regional YS/OJJ and the supervising YS/OJJ offices prior to the youth's arrival at the facility except in the event of an emergency placement by the Court. The Facility Coordinator shall either mail or hand deliver a copy of all additional information relating to the youth following the youth's arrival to the facility.
- B. Transportation arrangements shall be made with the placing Regional Office to transport the youth to the designated facility.
- C. YS/OJJ shall schedule an appointment for DNA testing and fingerprinting for all youth admitted into the intensive residential program. Pursuant to La. R.S. 15:609, YS/OJJ staff shall schedule a DNA sample to be taken from those youth who have been adjudicated delinquent for the commission of an attempt, conspiracy, criminal solicitation, or accessory after the fact of a felony-grade delinquent act or other specified offense listed in La. R.S. 15:603 (10). (See attachment)
- D. The facility shall be responsible for the following upon the youth's arrival:
  - 1. Conduct a mental status exam;
  - 2. Complete a basic medical exam;
  - 3. Distribute clothing to the youth;
  - 4. Assign the youth a bed;
  - 5. Discuss possessions allowed;
  - 6. Begin integrating the youth into appropriate programs; and
  - 7. Orient youth in facility treatment program.
- D. The facility shall give the youth a copy of the youth manual which describes the rules, level system, expectations, grievance procedures, phone use, mail, etc. Because youth may not be familiar with staff expectations and not understand what is expected of them, staff shall explain the steps taken during the orientation process, and assist the youth in notifying their families of the procedures to follow for mail, telephone and visiting. In addition, youth should be given an opportunity to express concerns and ask questions. Staff shall provide an explanation to youth as to the appropriate staff members to contact about particular concerns and/or problems while at the facility (i.e. the role of treatment staff, medical staff, direct care staff and teachers).

- F. Youth who do not understand English shall receive written orientation materials and/or translations in their own language. When a literacy problem exists, staff shall assist the youth in understanding the material.
- G. As part of the admission/orientation process, youth shall receive written materials and view the YS/OJJ designed Prison Rape Elimination Act (PREA) power point presentation. Staff shall process the video and information with the youth in accordance with YS/OJJ Policy No. C.2.11 "Prison Rape Elimination Act (PREA)".
- H. Completion of orientation shall be documented by a signed and dated statement by the youth, as well as all the youth receipts for correspondence during the admission process being dated, signed, and filed in the youth's record in accordance with YS/OJJ Policy No. B.3.1.
- I. The facility shall develop a file for the youth which shall conform to YS/OJJ Policy No. B.3.1. "Composition/Location/Retention of Active and Inactive Secure Care Youth Records".

### **3.1.1 Admission Policies**

- A. Any change in the admission policy shall be considered a change in the contract requiring a formal contract amendment or waiver. This does not preclude temporary exceptions requested by YS/OJJ or approved for the facility by YS/OJJ.
- B. Without authorization from YS/OJJ, a contractor shall not admit more youth into care than the number specified on the provider's contract.
- C. A youth's admission into a program shall be based on an assessment of the youth's comprehensive needs and on the ability of the contractor to address same.
- D. A contractor shall ensure, if feasible, that the youth and the person legally responsible for her are provided an opportunity to participate in the admission process and related decisions.
- E. Only youth who meet the criteria for placement into the program shall be referred to the program except in emergency situations when a judge has ordered immediate placement, or when a more appropriate placement is not available. The contractor shall not refuse admission of any referred female between the ages of 10-20 determined appropriate by YS/OJJ and referred to the contractor, regardless of psychiatric diagnosis or behavioral history, race, ethnic origin or religion.

### **3.1.2 Emergency Placement**

The Office of Juvenile Justice, shall, at times, require providers to facilitate emergency placements. YS/OJJ Director of Girls' Programs shall facilitate the transfer of available social, evaluative, and medical information and shall determine the need for additional assessments. The requirements of 3.1 Admission Procedures, Paragraphs B-I, shall be met.

### **3.2 Discharge Process**

A youth placed in the program by YS/OJJ shall not be released without prior authorization by YS/OJJ, unless the youth is released by the court.

Reintegration planning begins with the initial development of an SRP and is an ongoing process throughout the youth's program. Refer to SOP Section 4.2, Reintegration Plan.

The youth's case manager/counselor in collaboration with the multidisciplinary treatment team (MDT) is responsible for reintegration planning and must ensure that all the facility's obligations to the youth have been met prior to release, unless the youth's court ordered full-term date has been reached.

#### **3.2.1 Planned Discharges**

- A. A planned discharge is a discharge following the youth's successful completion of her treatment program, and/or modification by the court, or the discharge of a youth on her full-term date.
- B. The facility staff and YS/OJJ placing and supervising offices shall have been working together to determine when the youth is ready for discharge.
- C. In accordance with YS/OJJ Policy No. B.8.11 "Pre-Release Process", a youth's SRP for pre-release shall begin a minimum of 90 days prior to the youth's completion of the program, and shall include the following:
  - 1. Groups addressing concerns of soon-to-be released youth;
  - 2. Individual counseling focusing on the youth's particular needs;
  - 3. Job information services;
  - 4. Identification of youth who are potentially eligible to receive Social Security Administration benefits, and to provide application assistance to receive such benefits;
  - 5. Referrals to available government mental health and medical assistance agencies and programs, if needed;
  - 6. Referral to available educational, vocational, and job training, if needed, based on the youth's transition portfolio. If a youth is released from the court, the portfolio shall be forwarded to the assigned PPO/J for delivery to the youth;
  - 7. Ensuring the youth is released with an Office of Motor Vehicles (OMV) picture identification (ID) card in hand; and

8. Any other services (i.e. counseling, etc.) deemed consistent with the goals of the pre-release process, approved by the Facility Director.
- D. The Facility Director shall be responsible for developing procedures to ensure that all youth are released with an OMV picture ID card in hand on the day of release, requiring one (1) piece of primary documentation and one (1) piece of secondary documentation as outlined in YS/OJJ Policy No. B.8.11.
- E. The process shall include pre-release contacts made the assigned PPO/J during a regional staffing to prepare the youth for release.
- F. The SRP shall be updated and completed to incorporate all of the above referenced needs upon release, in accordance with YS/OJJ Policy Nos. B.2.1 and B.2.2.
- G. The following procedures shall be completed by the contractor at the time of discharge:
  1. The contractor shall ensure that a release agreement signed by the youth and a facility representative is maintained in the youth's file which includes the following:
    - a. The name of the person or agency to whom the youth is to be released;
    - b. A statement confirming the return of personal effects;
    - c. A statement of completion of any pending actions (grievances, claims for damages, lost possessions, etc.); and
    - d. A statement of return of facility issued articles (sheets, pillowcases, bedspreads, towels, washcloths, etc.).
  2. The contractor shall immediately provide the youth's medication and prescriptions to the individual or agency authorized to transport the youth.
  3. Within five (5) working days of discharge, the contractor shall provide to the supervising regional office the following:
    - a. Any available dental or medical records not already provided; and
    - b. All available records from the school(s) the youth attended while in the program.
    - c.

### **3.2.2 Recommending Reassignment, Release, or Discharge**

Youth in the custody of YS/OJJ assigned to an intensive residential treatment program (other than those committed under the provisions of La. Ch. C. Article 897.1 or who have a self-modifying order) shall be considered for reassignment to a non-secure program,

release, or discharge from custody when the youth has met the minimum guidelines for a facility recommendation for modification. In these cases, a modification of disposition must be filed in accordance with YS/OJJ Policy Nos. B.2.1 "Assignment, Reassignment, Release, and Discharge of Youth", B.2.11 "Modification of Disposition" and B.2.13 "Secure Care Early Release".

### **3.2.3 Emergency Discharges**

In the event that a youth's medical or psychiatric condition is such that long-term hospitalization is required, YS/OJJ may discharge the youth from the facility's care. A facility shall not conduct an emergency discharge of a youth without first obtaining permission from YS/OJJ.

### **3.3 Reservation of Program Slots**

When a youth's treatment program is interrupted, with an expectation for return and continuation of services, a program slot reservation shall be coordinated through the Regional Director for this individual.

Hospitalization for psychiatric or medical reasons, trial home visits and escape/runaways are routine situations for program slot reservation. In these cases, the program slot shall be reserved until YS/OJJ notifies the program that the youth will not return.

### **3.4 Furloughs**

Youth shall be considered and recommended for furloughs in accordance with YS/OJJ Policy No. C.4.1 "Furlough Process and Escorted Absence". Furloughs shall be utilized as a rehabilitative tool to assist youth in maintaining and improving positive family and community relations.

Furloughs for youth assigned to intensive residential treatment programs shall be considered an integral part of the youth's SRP. However, in all cases, the potential risk to public safety and adequacy of home supervision shall be considered prior to allowing a youth to return home. It is also important that furloughs not interfere with the ongoing treatment and supervision needed by youth in YS/OJJ custody.

Provisions shall be made for annual review of the furlough program's effectiveness. The facility shall maintain data on the number of requested furloughs, approved furloughs, successful and unsuccessful furloughs, and barriers to approval and success.

#### **3.4.1 Escorted Passes**

Youth shall be considered and recommended for escorted passes in accordance with YS/OJJ Policy No. C.4.7 "Escorted Absence". Escorted passes shall be granted to youth for therapeutic purposes, including the opportunity to visit with family before the release date to set realistic goals and expectations; to show youth acceptable and socially appropriate behavior, allow youth to participate in work/training opportunities, and to participate in special events in the community. The passes should be used primarily as an incentive

for progressing through the level system and to address reintegration plan issues such as enrolling in school, applying for a job, obtaining a driver's license, etc. Family emergency passes should be permitted for visits of dying family or attendance at the wake of a family member.

To be eligible for an escorted passes, a youth:

- A. Must be Low or Moderate risk youth;
- B. Must be participating in all programming (school, counseling, mental health or specialized treatment;
- C. Must have no disciplinary violations within 30 days prior to the proposed escorted absence;
- D. Must have no escapes/runaways within 12 months prior to the proposed escorted absence; and
- E. Must not be considered a high public safety risk.

High risk youth who meet the above criteria, except for the custody and risk considerations, may be allowed to participate in an escorted pass for family reintegration purposes if it is reviewed and approved by the facility staff, the youth's YS/OJJ PPO/J, and the Facility Director.

Limitations on the number of youth at the approved site shall follow be in accordance with YS/OJJ Policy No. C.4.7.

Youth shall not be granted escorted passes to shopping malls or other public places where large numbers of people may be present. If a large venue is selected for the visit, the location's security staff must be informed of the visit two (2) days prior to arrival, and the Facility Director or a high-level administrator shall accompany the group. Escorted passes shall not be held at movie theatres when large crowds are present, but may be permitted when there are a limited number of people present, such as very early in the morning.

Mechanical restraint use, staff ratios and proximity to youth shall all be in accordance with YS/OJJ Policy No. C.4.7.

All youth must be seen by medical staff prior to an escorted pass and upon return from an escorted pass.

Documentation of a violation shall occur on an Unusual Occurrence Report [Attachment A.1.14 (a)], with a copy forwarded to the YS/OJJ regional office.

While escorted passes are typically the responsibility of the facility, either the supervising or placing probation officer may also choose to participate in an escorted pass. Escorted passes initiated by the facility do not require prior approval by YS/OJJ; however, the supervising regional office shall be notified 24 hours prior to the escorted passes. Escorted passes initiated by YS/OJJ must be coordinated with the residential facility.

Youth going on escorted passes may wear street clothing rather than the facility uniform.

### **3.5 Temporary Closure of Facility**

Contractors providing services to YS/OJJ are expected to provide these services on a continuous basis consistent with the terms of their contract.

Each facility shall provide YS/OJJ with an emergency plan for natural disasters, fires, floods, or other emergency situations which may or may not require the temporary closure of the facility.

Approval must be obtained from YS/OJJ prior to moving youth in an emergency situation, when possible. In the event there is insufficient time to request approval (i.e., natural disaster, fire, flood, etc.), the provider must assure the safety of all youth, then immediately notify the supervising YS/OJJ Regional Manager of the physical location of each youth assigned to the program.

### **3.6 Travel**

#### **3.6.1 In-State Facility Overnight Travel**

- A. Planned overnight facility outings within the State shall be approved by the Deputy Secretary or designee.
- B. The Facility Director or designee shall notify the Regional Manager of the supervising region of the following:
  - 1. The date(s) of the outing;
  - 2. Location of overnight accommodations (address/phone numbers);
  - 3. Scheduled location of outing;
  - 4. The number and names of youth involved;
  - 5. The number of staff providing supervision, as well as their names and positions; and
  - 6. Contact information (cell phone numbers) of staff providing supervision.
- C. Written notice to the supervising region shall occur at least 14 days prior to the scheduled activity.
- D. Any “unusual occurrences” during the outing shall be reported to the supervising regional office immediately.

#### **3.6.2 Out-of-State Travel**

Prior authorization is required from the Deputy Secretary for out-of-state travel. The procedure is as follows:

- A. The Contractor shall:
  - Notify the supervising regional office, in writing, at least 30 days prior to the scheduled outing. The following information shall be included:

1. Date(s) of the scheduled trip;
2. Destination of the trip;
3. Transportation arrangements;
4. The address and phone number of overnight accommodations;
5. The names of youth and the names and positions of the staff; and
6. Contact information (cell phone numbers) of staff providing supervision.

B. The Supervising Region shall:

1. Notify the placing region of proposed travel;
2. Obtain youth's signature on the Interstate Compact Out-of-State Travel Permit and Agreement to Return form and maintain form in the youth's file;
3. Contact the YS/OJJ Deputy Secretary or designee for authorization for out-of-state travel after court approval is obtained; and
4. Notify contractor of final decision.

C. The Placing Region shall:

1. Obtain court approval after notification from the supervising region; and
2. Advise supervising region when court approval is obtained.

### **3.6.3 Out-of-State Travel – Individual Youth**

Out-of-state travel for an individual youth in the custody of YS/OJJ must have the prior written approval of the Deputy Secretary and the court of jurisdiction. It is the responsibility of the placing region to contact the Deputy Secretary and the court of jurisdiction. The information required in SOP Section 3.6.2 above shall be included in the request for out-of-state travel.

## **3.7 Recreation and Leisure**

The contractor shall provide a minimum of one (1) hour per day of physical/outdoor exercise for large muscle development and one (1) hour per day of structured leisure activities shall be provided each youth, weather permitting, unless contra-indicated.

The recreational program should include indoor and outdoor activities designed to address both motor and social skills. The facility shall have an adequate number of recreational staff to ensure effective organization and supervision of facility and community activities. It is the provider's responsibility to arrange transportation and maintain adequate supervision. Utilization of community recreational resources shall be maximized.

Leisure activities should minimize the use of television and make use of a full array of table games and other activities that encourage both solitary entertainment and small

group interaction. A comfortably furnished area shall be designated inside the facility for leisure activities.

Any costs associated with recreational activities shall be the responsibility of the provider. No youth shall be required to pay to participate in recreational activities. Participation in recreation shall be documented and maintained in the youth's case file.

### **3.8 Employment**

Within the last 30 days of a youth's custody term, the facility is encouraged to take employable youth on escorted absences for job interviews in the geographical area in which the youth will reside. (Refer to SOP 3.2 above.)

### **3.9 Education**

A contractor shall ensure that each youth has access to appropriate educational and vocational services that are consistent with the youth's abilities and needs, taking into account age, level of functioning, and any educational requirements specified by law. All youth placed in a female residential program shall be tested within seven days of placement. Youth shall be retested every six months and/or prior to release. Formal tests such as the Test of Adult Basic Education (TABE), or the Woodcock Johnson shall be utilized.

- A. All youth of mandatory school age shall be enrolled in a school system or in a program approved by the Department of Education. Any program that provides education on the grounds of the facility through a cooperative agreement with the local education agency or by virtue of an approved alternative school status shall ensure provision of all educational services by teachers certified by subject/grade as defined by the Department of Education. **Regardless of the status of the school system utilized by the facility, every effort shall be made to ensure youth in the program are afforded the opportunity to take all state-mandated standardized testing.**

- B. The program shall provide structured educational activities for youth pending their enrollment in an appropriate educational/vocational setting.

It is the provider's responsibility to facilitate referral to the School Building Level Committee (SBLC) when a youth is not making progress in the regular educational setting.

The program shall ensure that the special education needs of youth assigned to its care are addressed through the youth's Individual Education Plan (IEP) as required by state and federal regulation (see Title 28, Bulletin 1530 attached).

- C. The program shall maintain cooperative relationships with local school systems, colleges/universities, and trade schools for the purpose of developing and maintaining suitable programs for youth.
- D. All eligible youth shall be given the opportunity to participate in a program of instruction leading to a traditional high school diploma or HiSET and given the opportunity to complete all HiSET testing.
- E. All youth who have obtained a high school diploma or HiSET and who desire to be enrolled in ACT preparation shall be given the opportunity to enroll and complete ACT testing.
- F. All youth who have completed high school or obtained a HiSET and desire vocational education shall be enrolled in a vocational program either on or off site. If off-site, facility staff shall be present.
- G. All youth who have obtained a high school diploma or HiSET and have taken the ACT shall be given the opportunity to enroll in a college/university either on or off site or via the internet. If off site, facility staff shall be present.

Incremental progress toward a youth's treatment goal shall be recorded in the SRP and reported to YS/OJJ in the quarterly progress reports.

In accordance with YS/OJJ Policy No. B.7.2, the established guidelines must be adhered to for youth sentenced under the provisions of La. Ch. C. Art. 897.1 to be eligible for off-campus privileges (i.e. work details or educational programs). Approvals by the YS/OJJ Director of Girls' Programs and the Facility's Director are also required. Art. 897.1 youth who are approved to participate in off campus privileges must be under direct supervision.

### **3.10 Religion**

Written policy and procedure shall ensure that attendance at religious services is voluntary. No youth shall be required to attend religious services.

- A. All youth shall be provided the opportunity to voluntarily practice their respective religions.
- B. Youth shall be permitted to attend religious services of their choice in the community, if appropriate and available.
- C. The provider shall arrange transportation and maintain adequate supervision of youth who desire to take part in religious activities in the community.
- D. If the youth cannot attend religious services in the community because staff has reason to believe she would attempt to flee, the provider shall make every effort to ensure that she has the opportunity to participate in religious services on-site.

- E. Youth shall be permitted to receive visits from official representatives of their respective faith.
- F. When the youth is a minor, the provider shall determine the wishes of the legally responsible person with regard to religious observances and shall make every effort to ensure that these preferences are accommodated.

### **3.11 Behavior Management:**

Each provider shall have a process for designating a disciplinary committee, and comprehensive written policies and procedures regarding a best practice or evidence-based behavior management program, which shall be explained to all youth, families and staff. These policies shall include positive responses for appropriate behavior, a provision for notice to the youth being disciplined, a mechanism for a fair and impartial hearing by a disciplinary committee and a process for appeal. The Behavior Management Plan is subject to modifications and approval by OJJ.

- A. The program must use a behavior management system that provides rewards and consequences to encourage youth to achieve programmatic expectations. Providers must integrate the following elements within their behavior management systems:

- 1. Rewards and consequences are fair and directly relate to the target behavior(s).

Rewards should include a range of token, tangible, and social rewards and can include earning privileges, certificates of completion, praise, points/tokens, etc.

Consequences should be used to extinguish anti-social behavior and to promote behavioral change in the future by showing youth that behavior has consequences. Appropriate punishers include extra chores, time-out, response cost (e.g. loss of privileges, points, levels, extra homework, etc.)

Consequences and rewards should be consistently applied. Rewards should be positive reinforcement for appropriate behavior.

- 3. Application of rewards outnumber consequences by a ratio of at least 4:1 (ex: there should be 4 rewards for every 1 consequence).
- 3. Facility restriction (no home pass, no outings) should never be used as a consequence, unless absolutely necessary and the Regional Program Specialist and Regional Manager have been notified. Facility restriction should not exceed five (5) consecutive days without formal discharge from the program or authorization from OJJ.
- 4. Youth should never have control over the discipline of other youth.

5. If “time-out” is used, it should not exceed 59 minutes in duration, be therapeutic and not interrupt the educational goals of the youth. All “time-out” incidents must be properly recorded in the youth’s case file to include reason, location, length and monitoring of “time-out” incidents. For any youth experiencing an excessive number of “time-out” incidents (ex: more than two (2) per day or three (3) per week), the Program Director or his/her designee shall notify the youth’s parent, PPO/J and Counselor.

Providers shall make every effort to resolve behavioral problems with the least amount of formal disciplinary activity possible.

### **3.11.1 Characteristics of the Formal Disciplinary Process**

Providers are required to have a formal disciplinary procedure written in clear and plain language which provides:

- A. Notice of the rules, penalties and process;
- B. Notice to youth being disciplined;
- C. Notice of the possibility of restitution;
- D. A mechanism for a fair and impartial hearing by a disciplinary committee who was not involved in the incident giving rise to the disciplinary action; and
- E. A process for appeal.

Restitution must be included for a particular rule violation to be used as a penalty. Youth shall receive training in the disciplinary process at orientation.

Prior to initiating a report or disciplinary action, careful attention must be given to the program rules to determine the seriousness of the behavior and the appropriate type of discipline. Discipline shall not compromise the safety and well-being of the youth. Disciplinary procedures must be carried out promptly and parents should be notified of infractions timely.

- A. Staff shall make every effort to manage the behavior of youth by using positive reinforcement, setting clear expectations, and providing appropriate incentives.
- B. Discipline shall be administered in a way that creates a learning experience for the youth.
- C. Discipline is not to be administered in a way that degrades or humiliates a youth.
- D. No youth shall supervise or carry out disciplinary actions over another youth.

E. Providers are prohibited from using the following actions as disciplinary penalties:

1. Corporal punishment of any kind;
2. Physical exercise or repeated physical motions;
3. Denial of meals/fluids;
4. Denial of usual services;
  - a. Education
  - b. Vocational services and employment
  - c. Medical services
  - d. Communication with family, PPO/J, or legal counsel; and
5. Extra work detail

### **3.11.2 RESTITUTION**

YS/OJJ policy holds youth responsible for the financial consequences of their actions by authorizing restitution as part of the disciplinary process.

A. Basis for Restitution

1. Actual cost restitution may be ordered as part of the disciplinary process when a youth has willfully damaged or destroyed property, or when an incident results in outside medical care for staff or youth.
2. All youth shall be afforded a hearing in accordance with the disciplinary procedures of the provider and standards set forth in this document if restitution is to be considered. Written evidence or testimony of costs incurred or damages to justify restitution shall be documented by staff and a hearing shall be conducted with the MDT team.

B. Collection of Restitution

1. Funds for restitution may be withdrawn from the youth's personal funds, not to exceed one-half the total in the account. The youth's personal needs allowance can be used to pay restitution only with the youth's agreement. If the youth does not agree, and has no other funds available or insufficient funds, a plan shall be developed by the provider to assist the youth with restitution. In no instance shall a provider withdraw **all** funds in a youth's account to satisfy a restitution claim.
2. A summary of restitution activity shall be included in the quarterly report.

### **3.11.3 Appeal of Disciplinary Penalties**

Each provider's formal disciplinary procedures shall include a procedure for an appeal or review of the decision of the disciplinary committee. At the time of notification of appeal, the disciplinary committee may delay imposition of the consequence. At orientation and at the time of any disciplinary action, the provider shall explain to the youth how to use the appeal process. This process shall be submitted to the Regional Program Specialist for approval.

### **3.12 Confidentiality**

Confidentiality of records is of critical importance.

At a minimum, the provider shall adhere to the following procedures:

- A. All records shall be stamped "confidential" on the cover or outside folder;
- B. Youth records shall be kept in locked areas and shall be supervised and controlled by an authorized staff member;
- C. Automated records shall include a procedure to ensure confidentiality; and
- D. The contractor shall have written procedures in accordance with YS/OJJ Policy No. B.3.2 "Access to and Release of Active and Inactive Secure Care Youth Records" to address the confidentiality of youth records. Written procedures shall specify who will supervise the maintenance of the records and who shall have custody of the records.

#### **3.12.1 Access**

- A. Access to or release of confidential youth records shall be limited to the following authorized persons:
  - 1. Staff authorized by the contractor and members of the administrative staff of the contractor's parent agency;
  - 2. A parent/guardian for youth under age 18. If the youth is age 18 or over she must authorize release; and
  - 3. Appropriate YS/OJJ staff;
  - 4. Counsel for the youth with signed consent form;
  - 5. Judges, prosecutors, and law enforcement officers when essential for official business;
  - 6. Individuals and agencies approved by YS/OJJ to conduct research and evaluation or statistical studies;
  - 7. State licensing reviewers; and
  - 8. Social service agencies.
- B. If YS/OJJ believes that information contained in the record would be damaging to the youth's treatment/rehabilitation, that information may be

withheld from the youth and/or her parent(s)/guardian(s) or others except under court order.

### **3.12.2 Youth Images**

- A. Each facility shall have a written policy and procedure that specifies the instances under which images/photographs of a youth may be released. This policy shall include, but not be limited to, release of photographs to law enforcement, media, or for inclusion in facility newsletters or publications. Prior to the release of any images or photograph of youth in YS/OJJ custody the Director of Treatment and Rehabilitative Services must be contacted for approval.
- B. Media published images of youth in YS/OJJ Custody (photographs, recordings of audio or video images) shall be allowed only when the activity depicted is related to restorative justice or community reintegration and with parental consent. No identifying information shall be listed, except for the youth's first name. The youth's offense, last name, date of birth, etc. shall not be given.
- C. Permission to release or use the photographs of youth in YS/OJJ custody shall require written authorization from the Deputy Secretary or designee.
- D. No face shots shall be published unless these are the only pictures available. In this case, a consent form must be signed by the youth and her parent / legal guardian. If the youth is over 18 years of age, she can sign the consent form. The signed consent form shall be mailed to the parent / legal guardian.
- E. No youth in the custody of YS/OJJ shall participate in person or by images for the express purpose of any fund-raising efforts.

### **3.12.3 Release Forms**

- A. The youth and legal authority (parent/guardian if youth is under 18 years old or PPO/J) shall sign a Release of Information Consent Form before information about the youth is released to anyone outside of YS/OJJ. The Director of Treatment and Rehabilitative Services shall be contacted for approval prior to release.
- B. The Release of Information Consent Form shall include, at a minimum, the following:
  - 1. Name of person, agency, or organization requesting information;
  - 2. Name of person, agency, or organization releasing information;
  - 3. The specific information to be disclosed;
  - 4. The purpose or need for the information;
  - 5. Date consent form is signed;

6. Signature of the youth and the parent/legal guardian;
  7. Signature of the person witnessing the youth's signature;
  8. An expiration date; and
  9. A statement that the released documents shall not be reproduced or distributed without YS/OJJ consent.
- C. Depending on the nature of the representation, if the request is made by counsel for the youth, the attorney is not required to include the purpose/need for the information, the signature of the parent/legal guardian, or the statement noted in B.9 above.
- D. A copy of the consent form shall be maintained in the youth's record.

#### **3.12.4 Retention of Youth Records**

Contractors shall turn over the entire original youth record to the region of origin upon the youth's release.

All copies of youth records retained by the facility shall be purged after the youth's 25<sup>th</sup> birthday.

### **3.13 Personal Funds**

#### **3.13.1 Handling by Contractor**

The contractor shall be required to deposit all personal funds collected for the youth in a public banking institution in a non-interest bearing account specifically designated "Youth Personal Funds" and maintain a ledger showing the status of each youth's account.

If a youth's personal funds exceed \$250.00, the contractor shall open an interest bearing account in the name of the youth.

All withdrawals by youth or expenditures made on behalf of a youth (i.e., for gifts, special clothing, personal items allowed by the program, etc.) by the contractor shall be documented by a withdrawal request, signed and dated by the youth. This documentation shall be reconciled to the youth's ledger monthly. (See attachments "Juvenile Withdrawal Request" and "Personal Funds Balance Reports".)

#### **3.13.2 Reporting Requirements**

A report shall be filed with YS/OJJ by July 15 for the year ending June 30 showing a list of all youth account balances, date of admission and, if appropriate, the date of discharge. This includes all residents who have been in the program at any time during the previous year. The personal funds account and the report are subject to review or audit by YS/OJJ or its representatives at any time. Any discrepancies in youth accounts shall be resolved within 14 days of notification.

### **3.13.3 Transfer of Personal Funds**

When a youth is discharged from the program, the balance of her account minus any funds due the contractor shall be given or mailed to her within 30 days regardless of the reasons for discharge.

If the youth is to be reassigned to another program, a check should be made in the name of the youth and forwarded to the new program within seven working days.

The provider must document efforts made, including contacts with YS/OJJ, in attempting to locate a youth for transfer of funds. When a youth cannot be located, those funds held on her behalf are considered to be abandoned after 90 days and shall be remitted to YS/OJJ Central Office. The refund check and report must be accompanied by a list of youths' names and case numbers.

### **3.13.4 Claim's Against a Youth's Account**

A contractor shall not require youth to pay for services and supplies which are to be provided by the contractor (e.g. toiletries, linen, laundry, drug screens, routine supplies, and lunch money).

The contractor shall not access the youth's account for damages without following the restitution process as provided in SOP Sections 3.11.2 and 3.11.3.

### **3.14 Food Service**

Youth shall be served a varied and nutritionally adequate diet with menus approved annually by a qualified nutritionist, physician, or dietician to ensure that nationally recommended allowances for basic nutrition are met. Youth must be fed three meals daily, two of which must be hot meals. Youth with special nutritional needs for medical or religious purposes shall be provided a specialized diet.

The YS/OJJ Food Service Director shall make routine inspections of food service facilities and review menus.

### **3.15 Transportation**

It shall be the responsibility of the contractor to provide all transportation associated with the youth's SRP including all medical related appointments and to assure the youth's appearance in all court proceedings.

It is the responsibility of YS/OJJ to provide transportation for admittance and discharge into the program.

Female Intensive Residential Licensing prohibits facility staff from using mechanical restraints on youth. In the event the Facility Director determines mechanical restraints are required for the transport, coordination of the transport shall be completed between the supervising YS/OJJ Regional Manager and the Facility Director.

### **3.16 Clothing**

The facility shall provide youth sufficient clothing appropriate to participate in activities included in their SRP.

If the youth does not have sufficient clothing (for furloughs, facility outings, and/or participation in vocational programs) the Facility Director or his designee shall contact the supervising region for authorization to make an initial clothing purchase.

Replacement clothing shall be purchased at the expense of the provider. Clothing left behind if a youth runs away from a facility shall be immediately secured, inventoried and delivered to the supervising region upon discharge.

### **3.17 Reimbursable Program Related Expenses**

YS/OJJ shall reimburse the contractor for certain program-related expenses, with prior approval from the Deputy Secretary, according to the following terms:

- A. The item or service must be needed to promote the health, well-being, and/or treatment goals of the youth;
- B. The item or service is not available or fundable through any other source, including the family of the youth;
- C. The cost of the item or service is not specifically funded by the per diem paid to the contractor;

#### **3.17.1 Examples of Reimbursable Expenses**

In certain emergency or unusual circumstances a youth may need an item or service not included in the per diem rate.

Each item or service submitted for reimbursement shall be reviewed on a case-by-case basis and the criteria shall be applied individually. Examples of reimbursable expenses include the following:

##### **A. Clothing Purchases**

The contractor shall provide for basic clothing needs, including seasonal garments, and replacement of outgrown clothing.

When youth have insufficient clothing to participate in activities included in their SRP and no means to acquire clothing (for furloughs, outings, etc.), a request for clothing purchases may be submitted to YS/OJJ. The request must include a clearly documented need.

##### **B. Medication**

YS/OJJ shall reimburse the contractor for medications and/or health care items/services based on the following criteria:

1. The item or service is prescribed by a physician or other health care professional licensed to provide such services;
2. The item or service is directly related to the health and well-being of the youth;
3. The item or service is directly related to treatment of an existing condition and is not preventative, elective, or discretionary treatment.

C. School Expenses

YS/OJJ shall reimburse the contractor for certain expenses directly related to educational or vocational services.

Reimbursement shall not include the routine purchase of school supplies (e.g. paper, pencils, pens, notebooks, workbooks, lunch fees, etc.)

Program related expense reimbursement for educational and vocational expenses shall be limited to those items not included in the per diem rate and may include expenses such as the following:

1. Tuition and/or fees for approved course work or vocational education; and
2. Tools, text books, supplies, and special clothing required by vocational courses

For reimbursement of vocational or post-secondary educational expenses, the provider shall submit documentation that the student has applied for and been denied financial assistance from state and federal programs or vocational assistance.

D. One-on-One Staffing

When extraordinary circumstances (i.e., hospitalization) require one-on-one supervision of a youth, the additional costs of such an arrangement shall be requested by a provider and negotiated on a case-by-case basis. The request shall include the hourly rate of pay and the title and name of person providing the supervision. This request should be submitted to the supervising regional office which shall obtain approval from Central Office. One-on-one staffing may only be considered in crisis situations to address the safety of the youth and the public.

## SECTION 4: TREATMENT

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Minimum treatment standards established herein shall apply to all treatment services provided by the facility. Any waiver or variation from the standards stated in this section must be specified in the contract with YS/OJJ.

### **4.1 Service/Reintegration Plan (SRP)**

Individual counseling shall be conducted in accordance with the minimum requirements outlined in the service grid of the contract. The provider shall develop a written Service/Reintegration Plan (SRP) designed to enhance the growth and development of each youth assigned to its care. The plan shall address educational, vocational, personal, behavioral, placement, substance abuse/dependency needs, victimization, mental health, medical, and other identified treatment needs of the youth. This plan shall be developed by the provider in collaboration with the MDT, utilizing all available resources including the YS/OJJ social history, SAVRY, medical history and physical assessment, and any other pertinent documentation available in the record. The plan shall be completed within 14 working days of admission, and a written copy shall be submitted to the supervising region, the placing region, if different, and the youth's parents/guardians within two (2) weeks of placement.

The SRP shall be reviewed monthly and progress or lack thereof shall be noted in the youth's record on the Monthly Assessment of SRP Progress and the computer generated treatment plan review form.

The SRP shall include, at a minimum: two (2) need areas, overall goal, at least two specific behavioral objectives relative to the goal, criteria for measuring completion of the objective, an estimate of time needed to achieve the goal, a schedule of the frequency and intensity of the services to be provided, individual responsible for providing the service, and scheduled review date.

The SRP consists of three parts: individualized case plan (rehabilitation), physical health care, and mental health treatment needs of the youth. (See YS/OJJ Policy No. B.2.2 "Youth Classification System and Treatment Procedures" for additional information)

### **4.2 Reintegration Plan**

As soon as a youth is admitted into the intensive residential treatment program, reintegration planning should begin. A formal reintegration plan should be initiated during the development of the SRP in collaboration with the MDT and shall be completed within 30 days of placement. The plan shall be reviewed and updated, and documented during monthly reviews and quarterly reclassification staffings. A copy of the final plan should be filed in the youth's case record and given to the youth and parent/guardian, YS/OJJ Central Office, and supervising and placing YS/OJJ regional offices within seven (7) days of release. (Refer to YS/OJJ Policy No. B. 2.2)

### **4.3 Counseling / Therapy**

Counseling/therapy shall be conducted in accordance with the minimum requirements outlined in the service grid of the contract and may take place in house or through community resources.

For the purpose of this section, all counseling/therapy services provided to a youth, whether individual, group or family, must possess the following elements.

- A. Counseling/therapy should be planned, goal-directed, and focused on assisting the youth in achieving SRP goals and objectives.
- B. The methods and techniques applied in counseling and the frequency and intensity of the sessions should be determined by assessment and noted in the SRP. Frequency or “dosage” of treatment should be clearly matched to the youth’s level of risk and need measured by a standardized and objective instrument such as the SAVRY, provided by YS/OJJ. Recent research indicates that the following guidelines can be useful to determine “dosage” of treatment:
  - 1. For Moderate risk youth with few needs (three or fewer) 100 hours is sufficient to reduce recidivism;
  - 2. For youth either High risk or multiple needs, but not both, 200 hours are required to significantly reduce recidivism;
  - 3. High risk youth with multiple needs (more than three) should receive well over 300 hours of direct service delivery. The hours spent in treatment should be cognitive behavioral, and would not include time spent in other activities.
- C. Counseling/therapy should utilize an evidence-based curriculum manual. The curriculum manual should outline the following items: therapeutic approach, goals and content of treatment sessions, recommended facilitation methods, and activities/homework assignments. Treatment curricula and strategies shall be delivered as designed.
- D. The minimum standard for the frequency of counseling/therapy services shall be specified in the contract with YS/OJJ and shall be based on the identified needs of the youth.

#### **Individual Counseling/Therapy**

Individual counseling/therapy must be conducted by a master’s level counselor/social worker/therapist under the supervision of a licensed mental health professional.

Individual counseling/therapy shall be an ongoing component of the youth's SRP. Each youth shall be assigned an individual who shall be responsible for providing the counseling/therapy.

Individual counseling/therapy shall make provisions for crisis intervention and pursuit of goals/behaviors identified in the youth's SRP.

In order to be considered individual counseling/therapy, sessions must be a minimum of 30 minutes and must be conducted by the identified service provider. Individual counseling/therapy services must meet the weekly requirement stated in the contract. Youth identified with an individual deficit disorder must have two (2) individual counseling sessions per month.

Adequate space shall be provided for conducting private interviews and counseling/therapy.

### **GROUP COUNSELING**

Group counseling/therapy must be conducted by a trained and qualified staff under the supervision of a licensed mental health professional.

Group counseling shall be an ongoing component of the youth's SRP and aligned with the identified needs of each youth.

Group interventions targeted to specific issues are to use an evidence-based, best practices model.

Group counseling sessions are to be held daily for a minimum of 50 minutes in duration. Group counseling shall provide attention to goals/behaviors relevant to the entire group. Sufficient space shall be provided to accommodate group meetings. The room(s) shall be comfortably furnished.

### **CRISIS COUNSELING**

Individual counseling/therapy must be conducted by a master's level counselor/social worker/therapist under the supervision of a licensed mental health professional.

Crisis counseling is a type of brief treatment for a youth in which the case manager assists with an immediate problem (i.e., trauma due to abuse, recent fight or suicidal ideation or attempt). This type of counseling is to occur as needed in addition to or during the weekly individual counseling session.

### **FAMILY COUNSELING**

Family counseling/therapy shall be conducted by a staff person with, at a minimum, a master's degree in a mental health field and documented instruction and experience in family counseling, who is supervised by a licensed mental health professional.

Family counseling services shall be an integral part of the youth's SRP and shall be provided to all youth who will be returning home upon release. Family counseling shall specifically address issues that directly or indirectly resulted in the youth's removal from her home and the issue of her eventual reintegration into the community.

Family counseling shall be made available to families of youth with clinically identified child-parent relational issues, unless a licensed mental health professional has identified and documented in the client record that such intervention would be detrimental to the youth's mental health at the time. A statement of goals to be achieved or worked towards by the youth and her family shall be part of the SRP.

Family counseling may include private family counseling sessions and/or family group sessions. This shall be made available in person, whenever possible, but the facility shall also utilize conference telephone sessions if distance makes face-to-face sessions unworkable. Family sessions shall be conducted for a minimum of 30 minutes per month as noted in the SRP.

### **FAMILY SKILLS TRAINING**

The purpose of the family education/parenting skills program is to train parents/guardians to use effective interventions to increase acceptable behavior and decrease problem behavior, show parents/guardians how to manage stressful situations and teach their children skills to manage themselves in such situations, and to provide parents/guardians with ways to open lines of communication within the family and encourage constructive use of leisure time.

Family skills training shall be provided by any staff member trained and qualified to provide this service, and occur as identified in the youth's SRP.

### **INFORMAL CONTACT**

Any informal contact or collateral consultation with family, social services, education personnel, medical personnel, other service providers, etc. (i.e., family issues, educational concerns, medical issues, reports of alleged abuse, and emotional distress) shall be documented in the youth's case record. Progress Note entries need to be signed (full name and title) and dated at the end of each entry by the person making the entry.

## **4.4 Required Educational Groups for all Youth**

Educational groups are designed to provide youth with the opportunity to acquire skills that foster healthy decision making and effective critical thinking. As outlined in Agency contracts, intensive residential treatment programs shall provide:

### **A. Gender Specific Group/Education**

These groups may be provided by direct care workers under the supervision of the master's level mental health professional.

The purpose of this group is to address the risk factors that predispose female youth to delinquency and maladaptive behaviors. The group focus is on education and support and deals with such issues as relationships, intimacy, self-esteem relative to gender, sexuality, identity, trauma, substance abuse education, moral development, parenting, etc.

**B. Independent Living Skills Training**

A contractor shall have a program to teach **all** youth independent living skills consistent with their needs.

This program shall include, at a minimum, instruction in:

1. Hygiene and grooming skills
2. Laundry and maintenance of clothing
3. Appropriate social skills
4. Housekeeping
5. Use of recreation and leisure time
6. Use of community resources
7. Money management

When appropriate, the program shall also include instruction in:

1. Use of transportation
2. Budgeting
3. Shopping
4. Cooking
5. Punctuality, attendance, and other employment-related matters
6. Vocational planning

Incremental progress toward this treatment goal shall be recorded monthly.

**C. Prenatal Care/Parenting/Early Childhood Development**

These groups shall be conducted by an individual with demonstrated instruction and/or experience in prenatal care and early childhood development.

The purpose of this group is to educate females in the importance of prenatal nutrition and healthcare, proper care for children in the early stages of development, and various parenting skills, including discipline techniques and strategies to cope with the responsibility of parenthood.

**D. Social and other skills:**

1. Anger management
2. Conflict resolution
3. Refusal skills
4. Interaction with authority figures

5. Negotiation/compromising skills.

#### **4.5 Family Education / Parenting Program**

Staff providing family education/parenting skills programming shall have a master's degree in a human service field with demonstrated conceptual familiarity with family dynamics **or** be an individual with specific training in the parenting model selected for use by YS/OJJ.

The purpose of the family education/parenting skills program is to teach parents/guardians to use effective consequences to increase acceptable behavior and decrease problem behavior, show parents/guardians how to manage stressful situations and teach their children skills to manage themselves in such situations, and to provide parents/guardians with ways to open lines of communication with their children.

#### **4.6 Specialized Services for Youth with Severe Emotional Needs**

All specialized services for youth shall be addressed on the Mental Health Treatment Plan (Part 3 of the SRP) by the appropriate service providers.

#### **PSYCHIATRIC SERVICES**

Psychiatric services are to be provided to youth needing psychotropic medication for management of a severe emotional disturbance. Psychiatric services may be provided by an individual psychiatrist or through contract or cooperative agreement with a community mental health center or a licensed psychiatric rehabilitation facility. Psychiatric services shall include evaluation, medication management, and consultation with program staff in the overall treatment/management of the youth's mental illness.

When services are provided by an individual on staff or on contract with the program, the psychiatrist shall be, at a minimum, a licensed board-eligible child/adolescent psychiatrist **or** a licensed board-eligible adult psychiatrist with at least three (3) years of experience in providing services to children/adolescents.

Psychiatric services shall be provided as needed for appropriate care based on the acuity level of the youth, but no less frequently than once per month.

#### **CRISIS INTERVENTION**

The facility shall have a written plan for the provision of crisis evaluation and intervention services on a 24 hour basis. When the plan includes service provision by an outside agency or individual, there shall be a written contract or cooperative agreement with the outside party.

#### **FAMILY EDUCATION/COUNSELING**

Family education regarding mental illness signs and symptoms, behavior management, and medication compliance shall be made available to families of youth with severe emotional disorders.

Family education shall be provided by an individual with a master's degree in a mental health field **or** any staff member who has documented training in the above.

#### **YOUTH WITH INDIVIDUAL DEFICIT DISORDER/ LEARNING DISABILITIES/ADHD**

Accommodations shall be provided as needed to all youth with mental retardation individual deficit disorder, learning disabilities, or ADHD to ensure the youth adequately understand and participate in any services/programs provided by the facility.

An Individualized Education Plan (IEP) must be written and provided to the facility by special education personnel from the school board providing education services for all youth meeting criteria for special education services.

Youth with individual deficit disorder must receive individual counseling for a minimum of two (2) thirty-minute sessions per week. Staffings for youth with individual deficit disorder (mental retardation) must be held a minimum of once every 30 days. A Brief Youth Interview Form must be completed by the case manager prior to the staffing.

#### **4.7            Required Intensive Issue-Related Group Interventions for Youth with Identified Needs**

These groups shall be conducted by a master's level mental health under the supervision of a licensed mental health professional unless otherwise specified.

These groups are for youth who have been identified as having a significant issue with **anger management, substance abuse or abuse/trauma** and require intensive, issue-specific therapy. These groups are expected to be therapeutic rather than psychoeducational in nature. Youth involved in these groups may have a mental health diagnosis related to these issues.

#### **ANGER MANAGEMENT/CONFLICT RESOLUTION GROUP INTERVENTION**

The purpose of this group intervention is to help adolescents recognize the risks associated with violence, understand that anger is a normal emotion that can be expressed constructively, and teach specific social skills to effectively manage conflict.

#### **SUBSTANCE ABUSE TREATMENT**

Intervention must be provided by an individual with demonstrated instruction and/or experience in substance abuse counseling or provided through the services of a state-licensed substance abuse clinic. Provisions shall also be made for youth participation in self-help groups (AA or NA) when included as part of the SRP.

The purpose of this group is to reduce recidivism of youth with a history of substance abuse, increase understanding of the causes of self and socially destructive behavior, provide knowledge and skills to understand the disease, and teach relapse prevention and management.

The majority of female youth entering the program will have a diagnosable substance abuse or dependence problem. For those who do not, other group interventions should

have a component which addresses the risk factors of substance use relative to delinquency.

### **ISSUES OF ABUSE/TRAUMA**

Most females have a history of experiencing/witnessing physical and/or sexual abuse. An abuse history is highly correlated to behaviors such as substance abuse/dependency, self-harmful and assaultive behaviors, and disruptive behaviors. The purpose of this group is to assist youth with trauma-related behaviors to understand the relationship between abuse and maladaptive behaviors and to establish the concept of safety, which includes elements such as discontinuing substance use, reducing suicidality, minimizing the exposure to risky behavior (such as unprotected sex), termination of dangerous relationships (such as drug-using peers and abusive relationships), and ending self-injurious behaviors such as cutting.

#### **4.8 Required Therapy Group for all Youth**

Group therapy must be conducted by a master's level counselor/social worker/therapist under the supervision of a licensed mental health professional.

The purpose of this group is to focus on interpersonal relationships and help youth learn to get along better with other people, to provide a support network for specific problems or challenges, to provide opportunities to learn with and from other people, to understand one's own patterns of thought and behavior and those of others, to perceive how group members react to one another, and to work on shared problems. Group therapy shall be conducted for a minimum of one (1) hour per week.

#### **4.9 Assessing, Documenting and Reporting Progress**

##### **4.9.1 Treatment Documentation**

The program must maintain treatment records in each youth's file that follows accepted standards. All files, including but not limited to treatment plans, individual, group, and family case/progress notes, and progress summaries shall be made available to YS/OJJ's named representative upon request for the purpose of quality assurance.

##### **A. Individual Counseling Progress Notes**

Each individual counseling/therapy session must be documented on the Progress Notes form using the DAGP format: Data, Assessment, Goal, Plan, and must document beginning and ending time, date, goal addressed, and signature of individual providing the service.

##### **B. Group Counseling (Therapeutic and Educational) Progress Notes**

Each group session must be documented individually on the Group Counseling Assessment form for each youth participant. Group notes must be individualized and state information relevant to the content, behavior, progress, etc. of the youth being documented rather than a general summary of the group. A separate group note must be written for each participant and must include only the name of the individual being

discussed. Notes must include beginning and ending time, date, goal addressed, and signature of individual providing the service.

**C. Family Counseling Progress Notes**

Each family counseling session must be documented on the Progress Notes form using DAGP format: Data, Assessment, Goal, Plan and must document beginning and ending time, date, goal addressed, and signature of individual providing the service.

**4.9.2 Monthly Assessment of SRP Progress**

The Monthly Assessment of SRP Progress is completed by the youth's case manager/counselor and treatment provider, as applicable, in conjunction with the youth, and shall rate the youth's efforts toward achieving SRP objectives.

Each month of a quarter is completed on a single Monthly Assessment of SRP Progress form, and used when the quarterly staffing is held.

The Monthly Assessment of SRP Progress shall be filed in the case (master) record and a copy forwarded for filing in the youth's medical record.

**4.9.3 Quarterly or Specialized Treatment Team Staffing**

The SRP Summary of Staffing form is a narrative that summarizes the deliberations of the MDT. This form is completed at all staffings: initial, quarterly, interim, and special staffings. This form also addresses release planning and includes the signature of all participants at the staffing.

The SRP shall be reviewed for progress in achievement on at least a quarterly basis. It should be held more frequently if needed to consider whether changes in the youth's behavioral or mental status require SRP modification. The case manager's/counselor's Monthly Assessment of SRP Progress form should be reviewed in making decisions regarding SRP changes. The staffing shall be attended by the youth and members of the MDT. It is the intent of this SOP that all MDT members participate either in person or by phone in the quarterly staffings; however, it is required that a minimum of three (3) MDT members attend. Those members unable to attend shall submit written reports. In addition, the parents/guardians shall be extended a written and telephone invitation to participate either in person or via phone. Following the MDT review, the following shall occur:

- A. If any objectives are changed, goals reached, interventions modified, etc., a new SRP shall be developed and distributed to supervising region, the placing region, if different, and the youth's parents/guardians;
- B. In all cases, a new signature page shall be generated via completion of the SRP Summary of Staffing form; and

- C. The SRP Summary of Staffing form shall also include a summary of the results of the team staffing.

#### **4.9.4 Reclassification Process**

- A. To provide for the most appropriate intensive residential treatment program assignment and program involvement of each youth, it is essential that a youth's case be reviewed for reclassification on a regular basis. Accordingly, a custody reclassification staffing, consisting of all MDT team members, the youth and the youth's parent/guardian, shall be scheduled quarterly (no later than the last day of the third month following the previous custody classification) with subsequent reclassifications to follow at a minimum of every 90 days and documented on the Custody Reclassification form. Custody reclassification may occur at any time based upon the youth's behavior or program participation.

Youth diagnosed with individual deficit disorder shall be reviewed every 30 days at a special staffing. This is not a custody reclassification staffing, but a review, which may include updates to the SRP and IEP, with accommodations being noted on all plans.

Reclassification should help monitor the youth's progress, reveal any problem areas that need attention and discuss any disciplinary issues noted during the quarter - causative factors and plans to change/alter the youth's behavior. However, reclassification does not imply that there must be a change in the youth's program or custody level.

- B. A custody reclassification scale shall be completed on any youth who is arrested or charged with a felony-grade act that is committed while the youth is housed at any intensive residential treatment program. This directive does not apply if no court action has been taken.
- C. Reclassification staffings shall be used to develop quarterly reports to the court, using the Progress Report Format Guidelines (see Attachment) to the court of jurisdiction, placing, and supervising officers. A staffing is used to help determine if a youth has met the guidelines for or should otherwise be considered for a recommendation for furlough, escorted pass, reassignment, release, or discharge from an intensive residential treatment program. If a youth is not making progress, the treatment team shall discuss strategies for addressing the impediments to progress and shall modify the treatment plan accordingly.  
The reclassification staffing shall include members of the MDT. Legal guardians of the youth must be given written notification of the staffing a minimum of two (2) weeks prior to the staffing. Follow-up by phone is recommended. The guardian may attend via conference call. Documentation indicating the invitation and the reason for the guardian's absence must be documented on a Progress Note in the youth's file.

Assessment Staffing and SRP – The youth shall be encouraged to be involved in the staffing process and shall be provided with sufficient Notice of Reclassification Case Staffing a minimum of 24 hours prior to the staffing. At the staffing, the Custody Reclassification Scale is completed. The SRP shall be utilized to document any changes in goals and objectives and reintegration planning. Notation is to be made regarding program participation relative to the frequency, duration, and involvement in objectives as defined in the SRP. A new SRP shall be generated with signatures, dates, and titles for each custody reclassification staffing.

- D. Upon completion of the staffing, the Custody Reclassification form is to be completed and submitted to the case manager's/counselor's supervisor.
- E. Approval and authorization of privileges at the reclassification staffing shall be conducted in the context of concern for the safety of the public, safety of staff and youth, and the youth's growth and development. The Custody Reclassification form on all cases shall be reviewed and approved by the case manager's/counselor's supervisor. The case manager/counselor and the supervisor are responsible for advising the Facility Director or designee of sensitive or exceptional cases for recommendations (i.e., 897.1 youth).

#### **4.9.5 Quarterly Progress Report**

The contractor shall complete, in writing, a Quarterly Progress Report on each youth. The first report is due within 90 days of the initial date of placement.

The progress report is a summary of the youth's progress toward the goals and objectives set forth in the SRP. Quarterly reports should focus on areas of change in behavior and attitudes as well as the factors required for successful program completion. The quarterly progress report shall follow the "Progress Report Format Guidelines" and shall include the completed Custody Reclassification form.

The report shall be distributed by the facility to the court of jurisdiction, district attorney, supervising and placing regional offices (if different), and parent/guardian within 7 days of completion. Documentation of compliance shall be maintained in the youth's case file.

## **SECTION 5: SECURITY AND SUPERVISION**

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### **5.1 Monitoring Movement of Youth**

Youth in intensive residential treatment programs are in the legal custody of YS/OJJ. YS/OJJ has a responsibility both to the court of jurisdiction and to the public to know the location of these youth at all times.

The contractor shall follow a written plan to allow staff in intensive residential treatment programs to monitor movement into and out of the facility. Program staff shall be able to account for the whereabouts of the residents at all times.

## **5.2 Escapes/Apprehensions/Reporting**

A youth is considered an escapee/runaway if she leaves the facility grounds without staff approval, or fails to return to the facility after a furlough.

- A. Notification, reporting and documentation to YS/OJJ Central Office of escapes, apprehensions, and AWOL's shall be in accordance with YS/OJJ Policy Nos. C.2.1 "Escapes, Runaways, Apprehensions, and Reporting" and C.5.2 "Regional Office Duty Officers, and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents". [See Attachment C.2.1 (a)]
- B. In accordance with La. R.S. 15:909, within 10 minutes of a confirmed escape from an intensive residential treatment program, the Facility Director shall immediately notify appropriate law enforcement agencies and the supervising region duty officer immediately. It shall be the responsibility of the regional duty officer to report the incident to YS/OJJ Central Office, who shall then follow procedure in accordance with La. R.S. 15:909. Procedures outlined in YS/OJJ Policy No. C.1.7 "Crime Victims Registration and Notification" shall also be followed, when appropriate. The Facility Director shall utilize an automatic notification system when appropriate to ensure rapid notification of multiple individuals/groups.
- C. Within 14 days of a completed investigation by facility staff and YS/OJJ field staff, a Critical Incident Assessment shall be conducted on every escape to review the following:
  - 1. Staff and youth actions during the incident;
  - 2. The incident's impact on staff and youth;
  - 3. Corrective actions taken and still needed; and
  - 4. Plans for improvement to avoid another incident.

A Critical Incident Assessment meeting of YS/OJJ field staff, the Facility Director, and all appropriate facility staff shall be conducted to review the investigation report and develop a plan of action to minimize any reoccurrence.

A written plan shall be submitted to the appropriate YS/OJJ Regional Director within seven days following the Critical Incident Assessment.

- D. Pursuant to La. R.S. 15:909, Directors' of intensive residential treatment programs shall maintain a record and description of every escape from their facility. The record shall list the following:
  - 1. Date and time of escape;
  - 2. Number of youth who escaped;
  - 3. Offense for which the escapee(s) was/were placed at the facility;
  - 4. Name of each law enforcement agency notified;
  - 5. Time each law enforcement agency was notified;

6. Name of each person receiving notification at the law enforcement agency; and
  7. Name of the employee or agent who notified the law enforcement agency.
- E. The report shall be available for public inspection and shall list all prior escapes, if any, from the facility within the last five (5) years of the date of the last escape. A copy of the report shall be delivered to each law enforcement agency notified. The Facility Director shall include a copy of the report in the required "Annual Report" to the Deputy Secretary or designee.
- E. The Facility Director shall ensure that apprehensions are immediately reported by telephone to the supervising regional duty officer, as well as all law enforcement agencies notified. The Facility Director shall ensure a written notice of apprehension is forwarded to the District Attorney of the adjudicating parish **within 48 hours** as well, if a victim registration form was filed on behalf of the victim, in accordance with YS/OJJ Policy No. C.1.7.

### **5.3 Routine Searches**

Searches conducted in accordance with YS/OJJ Policy No C.2.3 "Searches of Youth" shall be a part of every facility's program and shall be conducted on a routine basis. The primary objective of the search is to ensure the safety of all youth, staff, and visitors. Searches shall be completed in the least intrusive manner possible. The facility shall post in a location accessible to youth and visitors written policies and procedures for conducting searches of residents, all areas of the facility, staff and visitors to the facility, to control contraband and/or locate missing property. The facility shall also have a written policy and procedure establishing the consequences to a resident found with contraband and/or unauthorized items. Upon admission to the facility, the resident shall acknowledge with her signature that she was informed of what constitutes contraband and unauthorized items as well as the consequences for its possession.

#### **5.3.1 Facility Searches**

In order to ensure the safety of the residents, staff, and visitors, periodic housing searches for contraband and unauthorized items shall be conducted. The frequency and extent of the entire facility and ground searches should be consistent with the program policies and can be included during other routine inspections or activities. Searches shall be conducted by staff trained in the appropriate search techniques. Facility staff can limit searches to specific areas or youth. Youths' belongings shall be disturbed no more than necessary during the search. The search shall be documented, including who conducted the search, what areas were searched and what type of contraband and/or unauthorized item(s) was/were found, if any. If a search yields contraband or unauthorized items, the supervising regional office shall be notified by the close of business the following day, and it shall be reported according to the requirements of YS/OJJ Policy No. C.2.3. If necessary, local law enforcement shall be notified by the facility.

The Facility Director or designee may request the services of YS/OJJ (i.e. drug dog inspections, and technical assistance, as well as staff development in appropriate search methods) to assist their staff in conducting a search. YS/OJJ may conduct housing searches should conditions warrant.

### **5.3.2 Personal Items**

Routine searches of suitcases and other personal items brought into the facility shall be conducted by facility staff prior to the resident taking possession of her property and when the resident is returning to the facility from an escorted pass or furlough. Searches of youths' belongings may be done at any time and shall be as minimally intrusive as possible. Youth should be present when her belongings are being searched. All searches shall be documented in the facility's log and if contraband is found, reported in accordance with YS/OJJ Policy No. C.2.3. If necessary, the appropriate law enforcement agency shall be notified by the facility.

### **5.3.3 Resident Pat Down Searches**

Pat down searches of youth may be conducted, whenever the facility feels it is necessary, to discourage the introduction of contraband and/or unauthorized items into the facility or to promote the safety of residents, staff, and visitors. A pat-down search shall be conducted when a youth is returning from outside of the facility.

Pat down searches are conducted as follows:

- A. The search shall be conducted by a staff member that has been trained in proper search techniques;
- B. The search shall be conducted by a staff member of the same sex and shall be in the presence of another staff member;
- C. The youth is to be told that she is about to be searched;
- D. The youth should remove all outer clothing (gloves, coat, hat, shoes, socks, etc.) and empty all pockets. Outer clothing and pocket contents must then be searched;
- E. The staff person shall then pat the remaining clothing of the youth using only enough contact to conduct an appropriate search;
- F. If the staff member finds a bulge, odd shaped lump, etc., the youth shall be asked to identify the item and appropriate steps should be taken to remove the item for inspection;
- G. The youth shall then be asked to run her hands through her hair; and
- H. If the resident refuses to comply, the Facility Director or designee shall be notified immediately, and shall determine what action is appropriate consistent with YS/OJJ search policy.

All pat down searches shall be documented in the facility log. If contraband or unauthorized items are discovered, the supervising regional office shall be notified by the close of business the following day and reported in accordance with YS/OJJ Policy No. C.2.3. If necessary, the appropriate law enforcement agency shall be notified by the facility.

#### **5.3.4 Resident Strip Searches**

A strip search is a visual search of a youth's nude body, in a place out of the view of other persons. The youth may be required to bend over, squat, turn around, raise her arms, and/or lift the genitals. The youth's clothes shall be thoroughly searched prior to being returned. Strip searches may be performed by facility staff only after a pat-down search causes reasonable suspicion that weapons, contraband, or unauthorized items may be found through additional searches. Strip searches shall be authorized by the Facility Director or his/her designee only.

Only staff that has been trained in the following search techniques may conduct resident strip searches using the following procedures.

- A. A strip search shall be conducted by two staff members who are of the same gender as the youth being searched. One staff observes the youth to conduct the search. The second staff member observes the staff member conducting the search.
- B. A strip search shall be performed in an area that ensures the privacy and dignity of the youth.
- C. The youth shall remove all clothing and move away from the articles.
- D. Staff shall **NOT TOUCH** the youth.
- E. Staff shall search the clothing carefully and return it to the youth.
- F. All strip searches shall be documented in the facility log.

#### **A BODY CAVITY SEARCH IS NOT TO BE CONDUCTED BY PROVIDER STAFF.**

If it is believed that a youth may have contraband secreted in a body cavity the facility shall request assistance from the appropriate law enforcement agency. If contraband or unauthorized items are discovered, the supervising regional office shall be notified by the close of business the following day. Discovery of contraband shall be reported according to YS/OJJ Policy No. C.2.3. If necessary, the appropriate law enforcement agency shall be notified by the facility.

### **5.3.5 Visitor Searches**

Visitors to the facility shall be given a copy of the rules that have been established by the facility and shall be advised that they are subject to a search. They shall sign a statement of receipt of these rules and it shall be placed into the youth's file. Visitors are required to submit packages, handbags, purses, backpacks, briefcases, etc. for inspection by trained staff. If there is reason to believe that additional searches are necessary, admission to the facility shall be denied.

All visitor searches shall be documented in the facility log. If contraband or unauthorized items are discovered, the supervising regional office shall be notified by the close of business the following day and reported according to YS/OJJ Policy No. C.2.5 "Searches of Visitors". If necessary, the appropriate law enforcement agency shall be notified by the facility.

### **5.3.6 Staff Searches**

All staff members shall receive a copy of the rules that govern what is considered contraband and unauthorized items in the facility. An acknowledgment of receipt of these rules shall be placed in each personnel file.

The Facility Director or designee may authorize a search of a staff person's belongings and/or a pat down search that follows established guidelines. Refusal of the staff member to comply with the search or the discovery of contraband or unauthorized items shall be handled by the Facility Director or designee in accordance with the facility rules and regulations governing employees.

All staff searches shall be documented in the facility log. If contraband or unauthorized items are discovered, the supervising regional office shall be notified by the close of business the following day and reported in accordance with YS/OJJ Policy No. C.2.4 "Searches of Employees. If necessary, the appropriate law enforcement agency shall be notified by the facility.

## **5.4 Contraband and Unauthorized Items**

According to R.S. 14:402, contraband is defined as described below.

- A. Any controlled dangerous substance as defined by R.S. 40:961 or any other drug or substance that if taken internally, whether separately or in combination with another drug or substance, produces or may produce a hypnotic effect.
- B. A dangerous weapon, or other instrument customarily used or intended for probable use as a dangerous weapon or to aid in an escape.
- C. Explosives or combustibles.
- D. Plans for the making or manufacturing of a dangerous weapon or other instrument customarily used or intended for probable use as a dangerous

weapon or to aid in an escape, or for the making or manufacturing of explosives or combustibles, or for an escape from an institution.

- E. An alcoholic beverage or other beverage which produces or may produce an intoxicating effect.
- F. Stolen property.
- G. Any currency or coin.
- H. Any article of food, toiletries, or clothing, unless authorized by the Facility Director.
- I. Any telecommunications equipment, including but not limited to cellular phones, beepers, or global positioning satellite system equipment whether or not such equipment may be intended for use in planning or aiding an escape or attempt to escape.
- J. Any equipment, whether professionally made or homemade, intended for use in tattooing.
- K. Any electronic device including, but not limited to computers, telephoto equipment, communications equipment, tablets or thumb drives, whether modified or not that is intended for use in the planning or aiding in an escape or attempt to escape.
- L. Any object or instrument intended for use as a tool in the planning or aiding in an escape or attempt to escape.
- M. Tape recorders, cameras or camcorders.
- N. Movies, music, DVDs, CDs, cassettes tapes, VHS tapes, or other devices, images or videos.
- O. Nude photographs, pornography or pornographic literature.

Unauthorized items as per written posted policy are items that are not illegal but are not allowed to be in a resident's possession.

All contraband found in the possession of youth, visitors, or staff shall be confiscated by staff and secured under lock and key in an area inaccessible to residents. Local law enforcement shall be notified in the event illegal drugs, weapons, drug paraphernalia, bio-hazardous materials, etc. are found.

The Facility Director, in consultation with YS/OJJ Regional Manager, shall be responsible for disposal of all contraband not confiscated by police. Visitors' items that are unauthorized but not illegal shall be taken and locked in an area inaccessible to the youth during the visit. These items shall be returned to the visitor upon exit from the facility. Disposal and reporting of all contraband shall be in accordance with YS/OJJ Policy Nos. C.2.3, C.2.4, C.2.5.

A record of the disposition of contraband and unauthorized items shall be maintained by the facility.

## **5.5 Drug Screens**

A drug screen shall be conducted when a youth returns from a furlough or escorted absence.

- A. A record shall be kept of all drug screens and their results. At a minimum, these records shall be in each resident's file.
- B. A positive drug screen shall be reported to the supervising regional office by close of business the following day.

## **5.6 Use of Force**

The contractor shall use the least amount of force necessary to prevent/deter undesired behavior. Force shall be used only as a last resort, time and circumstances permitting. Staff shall take all reasonable steps to minimize situations requiring a use of force and to minimize the amount of force used in those situations to only force necessary to achieve the lawful purpose. The first action taken to regain control is direct, verbal instructions to cease the behavior unless the staff perceives that life or health will be jeopardized or that there is substantial threat to the security of the facility or the safety of others.

When reasonably possible, time and circumstances permitting, actions other than force shall be employed prior to the use of force. These non-force actions are to be used, when reasonable possible in situations where force is being utilized to enforce a legal order and/or instruction. All actions taken shall be fully documented in accordance with YS/OJJ Policy No. A.1.14 "Unusual Occurrence Report" (UOR). Copies of the UOR are to be provided to the Facility Coordinator by the close of business of the shift.

The Facility Coordinator will fax the report to the Director of Treatment and Rehabilitative Services at Central Office. A UOR shall be prepared by the supervising region Duty Officer on all youth who are involved in a physical altercation (fight). Copies of the UOR are to be provided to the Facility Coordinator who will fax the report to the Director of Treatment and Rehabilitative Services at Central Office.

Each facility shall adhere to YS/OJJ Policy No. C.2.6 "Use of Interventions – Secure Care".

- A. Physical force shall never be used as a punishment.
- B. All use of force shall be documented in writing, dated and signed by the staff reporting the incident. This documentation is to be submitted to the Facility Director or designee.
- C. La. R.S. 14:603 mandates that all instances of suspected use of inappropriate force by staff shall be reported to the Department of Children and Family Services using the Written Report Form for Mandated Reporters of Child Abuse/Neglect found on the Internet at:

<http://www.dcf.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=109>. (see attachment). A copy of this report shall be provided to the YS/OJJ supervising regional office.

Use of inappropriate force shall be documented on a UOR to the supervising regional office by the close of business the following day in accordance with the provisions of YS/OJJ Policy No. A.1.14.

- D. The use of chemical agents on residents in intensive residential treatment programs is prohibited.
- E. The use of the four point restraint chair is prohibited.

## **5.7 Behavioral Intervention Units (BIU) / Staff Directed Time Out (SDTO)**

The Behavioral Intervention Unit (BIU) is a unit for placement of a youth during a period of temporary removal from her assigned housing area or program location. The youth is removed to BIU when the continued presence of the youth would pose a threat to herself, other youth or staff, or when her actions/behaviors are disruptive and/or destabilizing to the continuation of regular programming.

In addition to providing a mechanism for retaining/restoring safety and/or structure for other youth and staff within the general population, the BIU also provides the removed youth with the private space and security needed to establish control over her emotions and assistance to think about more socially acceptable and effective alternative behavior.

The contractor shall adhere to YS/OJJ Policy No. B.2.8 "Behavior Management Unit". All reasonable efforts shall be made to utilize less restrictive alternatives in the placement of youth. However, certain youth may require assignment to a more restrictive setting because their continued presence in the general population poses a threat to property, staff and other youth, or to custody concerns or orderly running of the facility. Assignment to a Behavioral Intervention Unit is not to be used as punishment of youth.

### **A. Staff Directed Time Out (SDTO)**

1. Youth may be placed in SDTO as a result of a program need or for "cooling off" purposes.
2. Youth shall remain in SDTO only until she has regained control of her behavior. SDTO shall not, in any case, exceed 59 minutes.
3. If a youth has not regained control of her behavior and/or begins to exhibit threatening behavior toward staff, other youth or property, a dorm manager/designee shall then place the youth on BIU. Placement on BIU shall meet all requirements listed in Paragraph B below.

B. BIU (Room Restriction)

1. Youth may be placed on BIU/Room Restriction as a result of a Code of Conduct violation; pending a Code of Conduct due process hearing; for the safety of the youth; safety of other youth; or to ensure the security of the facility. This includes behaviors that are destabilizing or highly disruptive to programming. When a youth is placed on BIU, an MDT staffing shall be held at 72 hours to determine if the youth shall remain on BIU or return to general population. If the youth cannot be safely returned to normal programming after 72 hours, a MDT Staffing should be held every 24 hours (excluding holidays and weekends) to identify the reasons the youth cannot be returned and what is needed to allow the return to normal programming.
2. Approval for placement on BIU must be given by the Facility Director/designee. Upon approval being granted, the facility shall immediately notify the Supervising YS/OJJ Regional Manager/designee or higher level YS/OJJ personnel.
3. The Regional Director shall receive immediate notification via email of any youth being placed on BIU, at the time of placement.
4. When a youth is placed on BIU immediately following a Code of Conduct violation, the youth shall receive a copy of the Code of Conduct Report prior to the end of the reporting employee's shift, and her rights shall be given to her as soon as possible after placement. If this does not occur in accordance with Section 3.11 above, the youth shall be released immediately.
5. The Facility Director shall ensure that a social services staff member provides crisis counseling to the youth prior to the end of the workday or within 24 hours if placement occurs after hours.  
  
If the youth is SMI/IDD, a MHTP must see the youth within three (3) hours. Additionally, on weekends/holidays, a social services staff member is responsible for providing this counseling.
6. Placement on BIU pending investigation of an incident must be documented and confirm that the youth's presence in general population poses a threat to the safety of staff or other youth, or threatens the orderly operation of the facility, including behaviors that are destabilizing or highly disruptive to programming.
7. Youth shall not be placed on BIU for engaging in suicidal or self-mutilating behavior resulting from their condition.

8. Youth on BIU shall be provided with reading and writing materials unless her current behavior indicates that possession of such materials would be a danger to self or others.
9. Youth on BIU shall be afforded at minimum, the same educational, treatment and medical services as youth in regular programming. If there is an identified safety risk with the youth participating in group therapy, individual therapy should be increased for youth while in BIU.
10. An MDT staffing must be arranged and conducted within 48 hours of a youth being placed on BIU. At this staffing, all interventions, including a behavior plan, should be initiated in an effort to successfully transition the youth from BIU to general population.
11. In order to be considered for movement off of BIU, each youth may be asked to attend group activities and complete homework assignments. These assignments consist of a series of activities such as writing a letter of apology or a verbal apology.

The homework assignments shall be adapted for those youth who struggle with reading and writing. The content of the assignments may be verbally presented by youth.

The homework assignments shall be monitored and reviewed in individual and group counseling activities. The assignments must be presented to a social services staff member.

If the youth completes these assignments, consideration for transfer off of the unit should be granted. If the youth does not complete the homework assignments, the social services staff member shall obtain the reasons for the delay. Reasons shall be documented on the "Behavioral Intervention Daily Assessment of Youth" form.

**NOTE: Failure to complete assignments shall not necessarily prohibit youth from being transferred off of the unit.**

12. A difficult case staffing shall be conducted if the youth refuses to leave BIU after a determination has been made the youth can return to general population.
13. A Code of Conduct/Due Process Hearing shall be held within 72 hours of a youth's placement on BIU, or at the first available hearing after the youth was placed on BIU.

Conduct Code Committee hearings on weekends/holidays may be conducted by a two (2) member committee. At the completion of the hearing the youth shall be given a copy of the completed Code of Conduct form.

## **5.8 Battery on Staff**

All instances of battery committed on a staff member shall be documented and when appropriate, charges shall be filed with the appropriate law enforcement agency. The supervising regional office shall be notified by the close of business the following day in accordance with YS/OJJ Policy No. B.5.1.

## **5.9 Suicide Precautions**

All facilities shall have a plan for responding to youth who present a risk of suicide. The procedure shall include, at a minimum, the following elements.

- A. Assessment of suicidal behavior and risk by qualified personnel.
- B. A procedure for contacting the appropriate health authorities and the supervising regional office.
- C. A plan, created by a qualified professional, for direct supervision of the resident until the suicide crisis has ended.

## **5.10 Abuse/Neglect Reports**

In accordance with the Department of Children and Family Services (DCFS), all allegations of abuse and neglect shall be reported to the DCFS hotline at 1-855-452-5437.

The Louisiana Children's Code defines abuse and neglect as follows:

**Abuse** - any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:

- A. The infliction, attempted infliction, or as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.
- B. The exploitation or overwork of a youth by a parent or any other person.
- C. The involvement of the youth in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the youth's sexual involvement with any other person or of the youth's involvement in pornographic displays, or any other involvement of a youth in sexual activity constitutes a crime under the laws of this state.

**Neglect** – the unreasonable refusal or failure of a parent or caretaker to supply the youth with necessary food, clothing, shelter, care, treatment, or counseling for injury, illness, or condition of the youth, as a result of which the youth's physical, mental, or emotional health and safety is substantially threatened or impaired. If the facility files an allegation of abuse a copy of the report will be forwarded to the Facility Coordinator by the close of

business of the shift and the Facility Coordinator will fax the report to the Director of the Girl's Program for processing.

## **SECTION 6:      ORIENTATION**

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### **YOUTH'S RIGHTS AND RESPONSIBILITIES**

#### **6.1              General Statement**

All youth shall be advised of their rights and responsibilities, and the expectations of the provider, through the orientation process to be conducted within 24 hours of admission. All youth should be advised specifically of their rights and responsibilities outlined in the document attached in the Appendix. A signed copy of the attachment shall be filed in the youth's case record.

#### **6.2              Mail**

Mail shall be handled in accordance with YS/OJJ Policy No. C.2.9 "Correspondence and Packages".

##### **6.2.1          Letters**

- A. All outgoing mail shall be stamped to indicate it originates from a secure care facility.
- B. Youth may not send or receive letters from any youth under the supervision or in the custody of YS/OJJ, unless an exception has been approved by the Facility Director. Youth shall be allowed to send and receive letters from other persons unless specifically prohibited by their SRP or by order of the court of jurisdiction. All restrictions of mail shall be documented in the youth's SRP.
- C. There shall be no restriction on the number of letters written, the length of any letter, or the language (English, Spanish, etc.) in which a letter may be written. Profanity, graffiti and/or gang symbols shall not be allowed on incoming or outgoing mail.
- D. Youth may not send to or receive letters from inmates in adult prisons unless the person is officially listed in their record as an identifiable parent, legal spouse, sibling or grandparent, or unless an exception has been approved by the Facility Director.
- E. Youth may not initiate contact with the victim(s) of their crime(s) (or the victims' family members), except in accordance with specific procedures established by the Facility Director in conjunction with the Crime Victims Services Bureau.

F. Inspection of Outgoing Letters

Outgoing letters are to be posted unsealed and inspected for contraband, with the exception of outgoing privileged mail as listed in 1-8 below, which may be posted sealed and may not be opened or inspected if it is confirmed to be addressed to an identifiable source. . In accordance with YS/OJJ Policy No. C.2.9, an identifiable source means that the official or legal capacity of the addressee is listed on the envelope and that the name, official or legal capacity and address of the addressee has been verified.

Possible identifiable sources are the following:

1. Identifiable courts;
2. Identifiable prosecuting attorneys;
3. Identifiable PPO/J's;
4. Federal, state and local chief executive officers;
5. Identifiable attorneys;
6. Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors, and other officials and administrators of grievance systems of YS/OJJ;
7. Local, state or federal law enforcement agencies and officials; and the
6. U.S. Department of Justice (DOJ) Prison Rape Elimination Act (PREA) Auditor, identified by Central Office.

G. Incoming letters may be opened and inspected for contraband (with the exception of incoming privileged mail listed in F. above) only in the presence of the youth to whom it is addressed, except as indicated in YS/OJJ Policy No. C.2.9, Section 6.D.

Any contraband, as defined by program policy, shall be disposed of according to facility policy.

Youth shall be permitted to receive confidential information or correspondence from the U.S. DOJ PREA Auditor, as noted above.

H. Reading of Letters

Youth letters may be read only when the Facility Director/designee has determined through sufficient relevant information that the correspondence may contain material that interferes with legitimate program integrity, (including but not limited to deterrence of delinquency, rehabilitation of youth, maintenance of internal/external security of the facility, or maintenance of an environment free from sexual harassment), to prevent the commission of a crime, or to protect the interests of crime victims.

In such cases, the Facility Director or designee reading the youth's correspondence shall document the reading, which in accordance with YS/OJJ Policy No. C.2.9, includes:

1. Youth's name and ID number;
2. The specific reasons it is necessary to read the mail;
3. Approximate length of time the mail is to be read;
4. A photo copy and a list of each piece of correspondence, including the date received and the name of the sender; and
5. Signature of the Facility Director/designee.

The documentation shall be maintained by designated facility staff and included in the youth's SRP. If the decision is to deny the youth the letter, the youth shall be informed of his right to appeal to the supervising regional office.

#### **6.2.2 Stationary and Stamps**

Facilities shall provide youth with sufficient stationery, envelopes and postage for all legal and official correspondence and for a minimum of three personal letters each week. Additional supplies may be earned with program levels, according to the behavior, purchased with personal funds, or provided by family.

#### **6.2.3 Packages**

All packages shall be inspected for contraband. Handling of items contained in packages shall be in accordance with YS/OJJ Policy No. C.2.9.

#### **6.2.4 Publications**

Books, magazines, newspapers, and printed matter which may be legally sent to youth through the postal system shall be processed or handled in accordance with YS/OJJ Policy No. C.2.9.

#### **6.2.5 Collection and Distribution of Mail**

Mail shall be collected from and delivered directly to the youth to whom it is addressed by facility staff only, on a daily basis, excluding weekends.

In accordance with YS/OJJ Policy No. C.2.9, when mail is received for a youth who has been transferred or released, the Facility Director/designee shall attempt to forward the mail to the youth. If the attempt fail, the correspondence shall be forwarded to the youth's YS/OJJ PPO/J.

#### **6.3 Visitation**

The facility shall develop written rules governing visitation and shall provide a copy to each youth, parents/guardians, and the placing and supervising regional offices. In all cases, the facility, in collaboration with YS/OJJ, shall screen potential visitors and approve or disapprove their visitation in accordance with the facility's criteria.

## **6.4 Personal Safety**

Every youth has the right to feel safe. Facilities have the responsibility to ensure that youth are safe while in their care.

Every youth shall be informed of procedures to contact a professional staff person on a 24-hour basis if the youth does not feel safe.

The Facility Director or designee shall make regular contact with youth in the program to determine if they feel safe and are comfortable when interacting with peers and staff. Case managers should routinely ask youth questions regarding perceptions of safety during individual treatment sessions and note responses in case notes. Appropriate action should be taken based on youths' candid responses about safety.

## **6.5 Smoking/Sale of Cigarettes**

Every facility shall establish written policies and procedures banning the use of cigarettes and other tobacco products at the facility or while exercising supervision over youth. Youth who need help to stop smoking shall be assisted by the facility in obtaining additional services to address this problem.

## **6.6 Research**

The provider shall not authorize any youth participation in research without written approval of the YS/OJJ Deputy Secretary.

## **6.7 Telephone**

Facilities shall have written policies and procedures regarding the youth's use of the telephone. Youth will be provided with the opportunity to contact the toll-free number set by the Office of Juvenile Justice for reporting harmful behavior. The toll free number is 1-800-626-1430.

## **6.8 Television Programming**

Programs may utilize local television programming, cable television, satellite dishes, videotape/DVD rentals and sales, or other appropriate means to provide basic and educational television in accordance with applicable state and federal laws and regulations.

Programming for cablevision/satellite services must exclude premium movie channels, music video channels, and other unauthorized expanded programs due to excessive violence and sexually explicit subject matter.

Television viewing shall only be utilized for treatment, programmatic and educational purposes; however, the Group Leader may decide to use it for special events or free time activities that promote the treatment process.

Television may be restricted if the youth group is exhibiting inappropriate behavior.

Examples of basic channels allowed without restriction (this is not a complete list)\*:

- Local television station(s)
- Educational channels (i.e. Louisiana Public Broadcasting, The Learning Channel, The Discovery Channel, The History Channel, National Geographic, etc.)
- Cable News Network
- ESPN
- WTBS
- WGN
- Nickelodeon
- USA
- TNT
- i Independent Television; and
- OLN

Examples of expanded basic, music video and premium channels not allowed (this is not a complete list)\*:

- Home Box Office (HBO)
- Cinemax
- Encore
- Starz
- Pay-per-view
- The Playboy Channel
- FLIX
- Music Video Channels (MTV, TNN, CMT, etc.)
- Shopping Channels (QVC, Home Shopping Network, etc.)
- Bravo
- Fuse

**\*These channels are not allowed regardless of whether available as part of the basic or expanded basic package.**

Programs rated “R” or “X” are strictly prohibited. This includes television, movies, broadcasts, music videos, CD’s, DVD’s, and other forms of entertainment. The Facility Directors shall periodically review and monitor television programming for compliance.

## **6.9 Video Games**

Game systems, videos/DVD’s rated “T” (Teen), “M” (Mature), “AO” (Adults Only), or “RP” (Rating Pending) are strictly prohibited.

The Facility Director shall periodically review and monitor television programming to upgrade or delete services as appropriate, as well as reviewing and monitoring of game system and video/DVD ratings for appropriateness.

## **6.10 Grievance Procedures**

Each facility shall adhere to YS/OJJ Policy No. B.5.3 “Administrative Remedy Procedure” which has been established for youth to seek formal review of a complaint relating to many aspects of their stay in a secure care facility. Such complaints and grievances include, but are not limited to, actions pertaining to living conditions, access to courts, personal injuries, physical or sexual abuse, medical malpractice, loss of personal property, denial of publications, time computation or challenges to rules or policies. Youth shall receive reasoned responses and where appropriate, meaningful remedies. All youth are entitled to file a grievance. It shall be the responsibility of the Facility Director to provide appropriate assistance/accommodations for youth with literacy deficiencies or language barriers. No action shall be taken against a youth for the good faith use of or good faith participation in the procedure. Reprisals of any nature are prohibited. Youth are entitled to pursue, through the Administrative Remedy Procedure, a complaint that a reprisal occurred.

A youth may request information and obtain assistance in using the Administrative Remedy Procedure from her case manager, counselor, or any other staff member. Nothing in the Administrative Remedy Procedure is intended to prevent or discourage a youth from communicating with the Facility Director or an employee of the Office of Juvenile Justice.

Facility employees shall be made aware of the Administrative Remedy Procedure through orientation and annual in-service training. Copies of the booklet shall be posted in areas readily accessible to staff and youth.

The Administrative Remedy Procedure shall be explained verbally and in writing to the youth upon admission, and include a question and answer session. An Administrative Remedy Procedure Booklet shall be provided to all youth admitted to the facility during the orientation process. Verification of receipt shall be in the youth’s record. Copies of the Grievance Form shall be made available to all youth.

Copies of the booklet shall be posted in areas readily accessible to staff and youth.

### **6.10.1 Grievances Alleging Sexual Assault**

Youth grievances alleging sexual assault through the Administrative Remedy Procedure are not subject to the 90 day filing requirement outlined in YS/OJJ Policy No. B.5.3, and may be processed at any time. If the grievance contains multiple complaints, the 90 day time limit shall only apply to any nonsexual assault complaints.

If a youth alleging sexual assault believes the staff member who is the subject of the complaint may have access to the grievance, or that his grievance may be referred to the staff member who is the subject of the complaint, he may file the complaint directly with the Facility Director.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for

administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

### **6.10.2 Emergency Grievance**

If a youth's grievance contains statements which indicate she believes herself to be at substantial risk of imminent (impending, about to happen) sexual abuse, the grievance shall be processed as a sensitive issue in accordance with YS/OJJ Policy No. B.5.3, Section VII. K. The initial response and final decision shall document the agency's findings as to whether the youth is at substantial risk of imminent sexual abuse, and action taken in response to the grievance.

### **6.10.3 Grievance Timelines**

Time limits in which a youth may file a grievance shall follow the guidelines established in YS/OJJ Policy No. B.5.3, except as to any portion of a grievance with alleges sexual assault, in which case the provider shall refer to Section 6.10.1 above.

## **SECTION 7: MEDICAL**

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### **7.1 Medical Services**

Contract facility shall be responsible for making all medical appointments.

#### **7.1.1 Access to Emergency Services**

The facility shall have a written plan for access to 24 hour emergency medical, severe dental issues, and psychiatric care. It shall define the circumstances that constitute an emergency and include instructions to staff regarding their conduct once the existence of a medical emergency is suspected or has been established. The plan shall include the following:

- A. Transportation. YS/OJJ will assist in transports which require youth to be shackled and handcuffed. Ware personnel shall accompany YS/OJJ on all transports of this nature.
- B. Use of hospital emergency rooms or other appropriate facilities.

Should a youth be admitted to a hospital, the facility shall immediately notify the youth's parent/guardian and the supervising regional office. A staff member from the facility shall remain with the youth during the hospital visit. In the event the facility is unable to provide staff for supervision, YS/OJJ may assist on a case-by-case basis.

- C. Emergency, on-call, physician when a health facility is not readily accessible in a nearby community, to include addressing severe dental issues.

- D. A written plan for suicidal gestures, threats, and other mental health needs which has been reviewed and approved by a qualified mental health professional. All staff with direct supervision of residents shall be instructed in the implementation of the plan.

### **7.1.2 Staff Development Regarding Medical Issues**

Youth care workers and other staff shall be trained to respond to health-related emergencies.

At least one staff member, qualified to administer first aid and cardiopulmonary resuscitation (CPR), must be on duty at all times.

Instruction shall include, at a minimum, the following:

- A. Recognition of the signs and symptoms of physical illness and knowledge of actions required in emergency situations.
- B. Signs and symptoms of mental illness, suicide, retardation, chemical use, and/or dependency.
- C. Methods of obtaining assistance, including emergency medical back-up plans.
- D. Procedures for transferring residents to appropriate medical facilities or health care providers.

### **7.1.3 First Aid Kits**

First aid kits shall be kept locked and shall be placed in an area of the facility readily accessible to youth care workers. Each kit shall include, at a minimum, the following:

- A. Latex gloves
- B. Rolled gauze
- C. Sponges
- D. Triangle bandages
- E. Band-aids
- F. Instruction pamphlets on first aid
- G. Salves and other over-the-counter medication approved by a recognized health authority
- H. Antiseptic lotion
- I. Note paper and pencil
- J. Blunt-end scissors, safety pins, and tweezers
- K. Ammonia inhalant

The contents, location, and use of first aid kits shall be reviewed annually with all staff. The content of the first aid kits shall be inventoried monthly and replenished as needed,

taking into account the expiration dates of individual kit items. A copy of the inventory shall be kept in the first aid kit.

#### **7.1.4 Communicable Diseases**

The health authority (i.e. the physician or health administrator of an agency responsible for the provision of health care services to the contractor), shall establish policies and procedures for serving youth with infectious diseases such as tuberculosis, hepatitis B, and AIDS. These policies and procedures shall address the management of communicable diseases and provide an orientation and ongoing education for new staff and youth concerning these diseases. Counseling should be provided for those who have been diagnosed as being HIV positive. Policies and procedures should be updated as new information becomes available.

- A. In accordance with law, a youth may request that she be tested for the presence of HIV. Youth requesting testing shall be tested. If possible, testing is to take place in a public health facility.
- B. Examinations shall be performed on residents by proper medical authorities for all symptomatic cases of communicable diseases such as tuberculosis, ova and parasites, infectious hepatitis and venereal diseases. Residents shall be tested and, if indicated, treated.
- C. Staff shall be provided information about a resident's medical conditions only when that knowledge is necessary for the performance of their job duties. The health authority shall determine policies regarding any necessary labeling of files for the protection of staff and youth and for the proper treatment of the youth.
- D. Confidentiality shall be maintained.

#### **7.1.5 Pregnancy**

SRP goals and objectives shall be developed when a pregnancy has been confirmed. The SRP shall be based on the orders of an obstetric physician and shall include special care, regular medical check-ups, special dietary and recreational needs, and a proposed plan for the youth and baby following delivery.

- A. Parenting classes shall be an integral part of the SRP for all pregnant females in care.
- B. Medical services relating to pregnancy shall be provided by a physician/hospital as approved by the supervising regional office.

When the child(ren) is/are delivered and the mother requires continued placement in an intensive residential treatment program, the newborn shall be placed with an appropriate family member or in the custody of the Department of Children and Family Services. All efforts should be made to continue contact between the mother and the infant.

## **7.2 Refusal of Medical Treatment**

### **7.2.1 Youth 18 Years of Age or Older**

If a youth 18 years of age or older refuses necessary medical treatment or medication recommended by a physician, the youth shall sign a statement of refusal to submit to treatment. A staff member shall witness the youth's signature and this documentation shall be filed in the youth's case record.

In the event of a medical or mental health emergency, as determined by the provider, medical attention for the youth shall be sought immediately. The provider shall encourage the youth to comply with medical advice. The provider shall notify the supervising Regional Office immediately whenever a youth refuses treatment.

Although a provider may consent to medical treatment for a youth, the youth has the right to refuse.

### **7.2.2 Youth Under 18 Years of Age**

When a youth under 18 years of age refuses necessary treatment or medication recommended by a physician, the youth shall sign a statement of refusal to submit to treatment. A staff member shall witness the youth's signature and this documentation shall be filed in the youth's case record.

In the event of a medical or mental health emergency as determined by the provider, medical attention for the youth shall be sought immediately. The provider shall encourage the youth to comply with medical advice. The provider shall immediately notify and request assistance from the youth's parent(s)/guardian and the supervising Regional Office.

The provider may consent to medical treatment for the youth and the youth may refuse medical treatment.

## **7.3 Use of Pharmaceutical Products**

A facility shall have written policies and procedures governing the use and administration of medication to youth. Policies should conform to all applicable laws and regulations.

### **7.4 Notification of Serious Illness, Severe Bodily Injury, or Severe Psychiatric Episode**

The provider shall report incidents of severe bodily injury and PREA related incidents to the supervising region.

Incidents of serious illness and severe psychiatric episodes shall immediately be reported to the youth's parents/guardians and the supervising regional office and placing Region (if different).

## **7.5 Medical Services**

Each youth shall be provided with routine and emergency medical, dental, vision, hearing, and mental health services (if applicable) while residing in the intensive residential treatment program.

As part of the admission process, the facility shall secure a medical consent authorization form signed by the youth's parent/guardian or committing authority. The consent form shall be filed in the youth's case record at the facility.

In cases of routine or emergency medical or psychiatric treatment requiring signed authorization for youth in the custody of the Office of Juvenile Justice, reasonable efforts must be made to obtain the consent of the parent/guardian. Should the parent/guardian be unavailable or refuse to sign, the authorization shall be signed by the Regional Manager, or his/her designee, of the supervising Region. This does not restrict the provider from taking actions needed to ensure the wellbeing of the youth.

Each facility shall have a written agreement with a licensed general hospital, clinic or physician, and dentist to provide youth with routine and emergency services on a 24-hour- a-day basis.

Emergency medical care shall be provided in a public hospital.

If a youth is in need of emergency medical or psychiatric treatment, the supervising regional office should be contacted immediately.

In the event of an emergency evacuation due to inclement weather or unforeseen circumstances the Facility Director shall ensure that medical information pertaining to all youth housed at the facility is transported to the evacuation site.

### **7.5.1 Medical History and Related Treatment**

- A. Medical information shall be obtained immediately upon a youth's admission to the program. A person trained by a recognized health authority shall obtain this information for youth placed in residential care. The health screening evaluation report shall be filed in the youth's program file. The evaluation shall include the following information:
  - 1. Whether the resident is presently on medication (if the resident is on medication, list the medication(s), strength, dosage information, and what the medication(s) is/are for);
  - 2. Any current medical, dental, vision, hearing, and/or mental health complaint(s);
  - 3. Medical, dental, hearing, vision, and/or mental health condition(s) for which the youth has received treatment in the past;
  - 4. The youth's general appearance and behavior;
  - 5. Physical deformities, birthmarks, scars, etc.; and/or
  - 6. Evidence of abuse and/or trauma.

- B. Identified medical, dental, hearing, vision, and/or mental health needs shall immediately be addressed through a prompt referral to the appropriate health care service.

### **7.5.2 Physical Examination**

A visual physical examination shall be completed within seven days of admission into the program. Additionally, a routine medical, dental, vision, and hearing examination shall be provided to each youth annually by the facility.

### **7.5.3 Non-Routine Medical Treatment**

Where it has been determined by a duly qualified and licensed physician that non-routine medical care is required, it is desirable to have the approval of the youth's parent or guardian. If the parent or guardian cannot be contacted, the matter should be submitted to the supervising regional manager for review and direction.

Examples of non-routine medical treatment include:

- A. Administration of AZT to AIDS patient.
- B. Chemotherapy approved by the FDA for human trials.
- C. Surgery.

## **7.6 Notification of Death (Youth in YS/OJJ Custody)**

In the event of the death of a youth who is in YS/OJJ custody, the Facility Director shall immediately notify the youth's parent/guardian, the supervising regional office and placing region (if different) as provided in YS/OJJ Policy No. C.5.2, and the local coroner.

In the event of a sudden death or if death occurs as a result of a crime or accident, the appropriate law enforcement agency shall be contacted immediately by the facility in addition to the reporting requirements as outlined in YS/OJJ Policy No. C.5.2.

Pursuant to La. R.S. 13:5713, it is the responsibility of the parish coroner to either view the body or conduct an investigation into the cause and manner of death in all cases involving the death of a youth while in the custody of YS/OJJ, in accordance with YS/OJJ Policy No. C.1.1 "Death of Youth in Custody, Autopsies and Burial Expenses".

Pursuant to La. R.S. 13:5712, deaths at YS/OJJ facilities which are suspicious, unexpected or unusual shall be reported to the coroner in accordance with YS/OJJ Policy No. C.1.1.

Certain burial expenses for indigent families may be paid by YS/OJJ.

## SECTION 8: QUALITY ASSURANCE / QUALITY IMPROVEMENT

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### 8.1 Contract Performance Review

YS/OJJ shall provide continuous quality assurance to contract service providers. Each contract shall be reviewed annually, at a minimum. The review team shall consist of a lead reviewer and other YS/OJJ staff. This review shall include, but not be limited to, applicable performance standards, outcome measures, operating procedures, reporting requirements, general maintenance and upkeep of the physical plant, staffing patterns, qualifications, and staff development requirements. Upon completion of the formal review, the review team shall conduct an exit interview with the provider.

### 8.2 Non-Compliance

During the exit interview, the provider shall be notified of any deficiencies. At this time the provider shall be afforded the opportunity to take immediate corrective action. YS/OJJ shall address any remaining deficiencies and shall identify a specific deadline for correction. The provider shall be required to submit a corrective action plan outlining his proposed solutions to have all deficiencies corrected by the deadline. Additional visits shall be made to each program as necessary to monitor compliance with the contract and ensure that progress is made on corrective action plans. Providers who fail to comply with the written corrective action plan shall be subject to sanctions.

Sanctions may be imposed on any provider who fails to adhere to any provision of the Standard Operating Procedure, either intentionally or through gross negligence. These sanctions are imposed by the YS/OJJ Deputy Secretary and shall not exceed three percent of the gross monthly billing. One sanction may be levied on each individual violation.

Sanctions are intended to create a positive change of compliance to the SOP and are not intended to cause any negative or detrimental effect on the services available to youth.

Continued sanctions may jeopardize the future of the provider's contract with the Office of Juvenile Justice.

Sanctions may include, but are not limited to:

- A. Reducing the number of youth assigned to the facility;
- B. Monetary sanctions (reduction of monthly payment); and/or
- C. Moratorium on placements.

A facility file shall be maintained in the supervising regional office for each contract program within the region.

## SECTION 9: REPORTING

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### 9.1 Annual Report

Contractors shall submit an annual written report due within 30 days after the end of each contract year. The annual report shall reflect the efficiency and effectiveness of services for youth served during the program and one (1) year thereafter. Should YS/OJJ develop the capacity to collect this data electronically, the contractor may be required to participate in this process. The performance areas to be addressed in the report shall include, but not be limited to, the following:

- A. Program participants' rate of re-contact with the juvenile or criminal justice system.
- B. Number and percent of families, YS/OJJ staff and counselor/social workers who participate in developing the SRP as evidenced by signature of participants.
- C. Number and percent of youth who have family participation in working toward goals as evidenced by monthly status report of family contacts & activities, including staffings.
- D. Length of stay.
- E. Number and percent of youth who demonstrate progress toward goals set forth in the SRP as evidenced by monthly status report and quarterly progress report.
- F. Number and percent of the youth who demonstrate improvement in domain scores of the Casey Life skills Independent Living program as evidenced by an increase from pre-test to post-test scores on the Ansel-Casey Life Skills Assessment Instrument (Available free at [www.caseylifeskills.org](http://www.caseylifeskills.org)).
- G. Number of youth transitioning back to regular community schools.
- H. Program's impact on grade placement when re-enrollment occurs.
- I. Number of youth attaining their HiSET while enrolled in program
- J. Number of youth who were referred to and have participated in higher education, vocational training, and other community based programs.
- K. Number and percent of staff that participate in professional development trainings when offered by YS/OJJ or its contractors, and appropriate to services provided.
- L. Number and percent of youth who demonstrate an increased skill/grade level as evidenced by appropriate pre/post testing.
- M. Cost efficiency.

- N. Compliance with PREA, including date and results of the last PREA audit.
- O. Compliance with ACA, including the date and results of the last ACA audit.
- P. Other outcome measures.

## **9.2 Correctional Program Checklist (CPC)**

The Office of Juvenile Justice evaluates programs using the evidence-based CPC designed to assess treatment programs. More specifically, the tool will assess how closely programs meet known principles of effective intervention.

The evaluation examines the programs in five domains in the areas of content and capacity: Leadership & Development, Staff Characteristics, Quality Assurance, Assessment and Treatment. There are 77 items to be scored giving the program a rating of Highly Effective, Effective, Needs Improvement, or Ineffective.

YS/OJJ desires for all residential contract providers to score within the Effective to Highly Effective range; therefore, the frequency of subsequent CPC evaluations will be dependent on the result of the previous CPC evaluation. All residential contract providers are required to participate in the CPC evaluation based on their most recent CPC score.

### **9.2.1 Correctional Program Checklist (CPC) Provider Response**

Following the review, the lead evaluator will complete and provide a comprehensive written report to the program's administrator. The CPC report will discuss positive program components as well as provide recommendations to improve program effectiveness. Providers must submit a written plan of action to YS/OJJ within 30 days of receiving the report.

The action plan must outline efforts being made to address the individual weaknesses identified in the CPC report with implementation timelines. The residential contract provider shall work towards improving their score through compliance with the recommendations made in the CPC report.

## **9.3 Monthly Report**

A report shall be submitted to YS/OJJ Central Office by the tenth of each month. See attachment "Monthly Summary Report for IRT Facilities".

## **9.4 Duty Officers and Reporting of Serious Incidents**

In order to establish procedures for the reporting of incidents of a serious nature that occurs in YS/OJJ intensive residential treatment facilities and programs, YS/OJJ Policy No. C.5.2 was implemented.

- A. The Deputy Secretary shall assign regional duty officers and distribute duty officer rosters which contains the office and home telephone numbers and

duty cell phone number of each Duty Officer. The officers shall be on duty for seven (7) straight days, 24 hours per day.

- B. All regional duty officers shall provide administrative assistance between the YS/OJJ Central Office and intensive residential treatment facilities by staying in contact with appropriate personnel and being available to receive notification and coordinate response to incidents of a serious nature as described in C below.
  - C. The regional duty officers shall report immediately to the appropriate YS/OJJ Regional Director the following Level I incidents:
    - 1. Escapes and/or apprehensions, pursuant to YS/OJJ Policy No. C.2.1;
    - 2. Deaths;
    - 3. Serious incidents; and
    - 4. Any other high profile or large scale event warranting immediate notification of authority (e.g., natural disaster, hostage situation, facility riot, large scale evacuation, etc.). Refer to YS/OJJ Policy No. C.2.2.
  - D. Regional duty officers shall follow-up the initial notification of Level I incidents with return receipt e-mail notification, as instructed in Attachment C.5.2 (a), (see attachment) to the Regional Director and the Deputy Secretary on the next business day. (NOTE: This does not preclude the Unit Head from contacting the Deputy Secretary personally and directly as deemed appropriate to the circumstances.)
  - E. The regional duty officer shall report all Level I and the following Level II incidents via Attachment C.5.2 (b), (see attachment) "Duty Officer Initial Report of Incident" notification, to the appropriate Regional Director via e-mail and/or facsimile within 24 hours of the occurrence, excluding weekends and holidays:
    - a. Any incident resulting in a reportable injury.
- Incidents occurring on weekends or holidays are to be reported on the next business day.
- F. In the event the regional duty officer cannot be reached for Level I notification, formal contact should be made with the appropriate Regional Manager, who shall then contact the appropriate Regional Director, who shall then notify the Deputy Secretary

## **9.5 Data Collection**

All intensive residential treatment programs are expected to maintain current data on all youth. It is the responsibility of the facility to develop a data collection system to meet this requirement. This shall include, but not be limited to:

- A. Number of furloughs requested
- B. Number of furloughs approved
- C. Level at which furlough was stopped
- D. Number of furloughs successfully completed
- E. Number of family visits
- F. Number of youth completing GED/ACT
- G. Educational progress of youth
- H. Percentage of youth successfully completing treatment goals
- I. Number of youth enrolled in vocational programs
- J. Number of early release requests
- K. Number of early releases granted
- L. Number of youth returned to their homes
- M. Number of youth placed in OCS custody
- N. Number of youth placed in foster care
- O. Number of youth who obtain jobs upon release
- P. 3 month follow up
- Q. 6 month follow up
- R. 12 month follow up

## SECTION 10: DEFINITIONS

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For the purposes of this document the following words are herein defined as follows:

**ADMINISTRATIVE FURLOUGH REVIEW COMMITTEE (AFRC)** - The multidisciplinary committee responsible for determining furlough eligibility.

**ASSESSMENT** - The process of gathering the necessary social, legal, behavioral, medical, educational, social service screening documents, and other information about the youth to indicate the appropriate level of care and custody and to determine the appropriate treatment plan for the youth during her commitment.

**ASSIGNMENT** - The process of placing a youth in an available program most appropriate to meet her identified needs and risks.

**BEHAVIOR MANAGEMENT SYSTEM** - A structured system designed to increase appropriate behavior through the use of graduated sanctions/consequences and rewards applied in a consistent manner and typically influences the milieu of the living unit.

**BEST PRACTICE** - Practices that have demonstrated over time, the ability to produce positive outcomes.

**CENTRAL OFFICE** - The office of the Deputy Secretary and staff located at 7919 Independence Boulevard, State Police Building 1<sup>st</sup> Floor, Baton Rouge, Louisiana 70806.

**CHEMICAL AGENT** - An active substance, such as tear gas, used to deter activities that might cause personal injury or property damage.

**CLINICAL SUPERVISION** - A minimum of 30 minutes per week by a licensed or master's level mental health professional, as specified in the SOP, in which individual cases, issues, modes of treatment and progress are discussed and documented in a Weekly Contact Progress Note.

**CODE OF CONDUCT** - Code of conduct is a youth disciplinary system in place to address inappropriate/problematic adolescent behaviors through an informal resolution process, and to address violations formally through a written report and due process in order to preserve structure and order in the facilities

**CONSIDERATION FOR RECOMMENDATION OF MODIFICATION (CRM)** - A form [Attachment B.2.1 (a)] used by YS/OJJ secure care facility case managers to document recommendations for modification of disposition.

**CONTRABAND** - Items possessed by youth, staff, or visitors, or found within the facility that are illegal or expressly prohibited by the facility including those items listed under R.S. 14:402.

**CONTRACTOR** - An individual or organization providing services to YS/OJJ through a duly executed contractual agreement. The terms “facility” and “program” are also used to mean contractor.

**CUSTODY SECURE DELINQUENT (CSD) TIME** - The length of time expressed in years, months, and/or days remaining on all open dispositions with a JETS case type of CSD.

**DEPUTY SECRETARY** – Lead administrator of the Office of Juvenile Justice appointed by the Governor of the State of Louisiana.

**DISCHARGE** – The termination either by a court order or expiration of a court order of YS/OJJ legal responsibility for a youth.

**DISPOSITION (also known as Judgment of Disposition)** - The written order of the court, following adjudication, which assigns custody/supervision and the terms thereof.

**DRUG-FREE WORK PLACE POLICY** - A policy which prohibits drug use by staff and volunteers and mandates drug screening after certain incidents.

**ESCORTED ABSENCE** - A temporary absence authorized by the Program Director in which youth are escorted off the grounds by facility staff.

**EVIDENCE-BASED PRACTICE** - Best Practice that has been tested against a control group in an academic setting to scientifically determine the practice’s ability to produce positive outcomes.

**FACILITY COORDINATOR** - The Program Specialist assigned by the regional office to supervise the female secure residential program.

**FACILITY LOG** - The official record book of a facility which documents daily required information and important events that occur at the facility. These should be bound books with numbered pages.

**FULL-TERM DATE** - The date which a youth can no longer be legally held in the custody or under the supervision of YS/OJJ.

**FURLOUGH** - The authorized temporary release of a qualified youth from the grounds of an intensive residential treatment facility without the supervision of facility staff for the purposes of aiding in the youth’s rehabilitation, maintaining and/or enhancing family and community relations, and preparing the youth to make a satisfactory transition into society after her release.

**GRIEVANCE** – A formal process known as the “Administrative Remedy Procedure” through which a youth may seek resolution of complaints regarding his safety in a YS/OJJ secure care facility.

**HOUSING SEARCHES** - Announced/unannounced searches of a youth's living area designed to uncover contraband and/or unauthorized or stolen items, maximize sanitary standards, and prevent fire and safety hazards.

**INDIGENT YOUTH** - A youth in the custody of or under the supervision of YS/OJJ who has little or no money.

**INDIVIDUAL COUNSELING** - One-on-one direct therapeutic intervention by the service provider with a youth addressing core need areas identified in the Service/Reintegration Plan or other problem area.

**INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRT)** - A structured behavioral treatment program which serves adolescent females who are adjudicated delinquent and placed into a secure program in a professionally staffed residential environment 24 hours per day. The purpose of the residential service is to provide a safe and restrictive environment for those youth requiring secure residential services and to provide them with the skills necessary to reenter society and function as productive citizens.

**LEVEL I INCIDENT** - An incident of a very serious nature that requires immediate reporting.

**LEVEL II INCIDENT** - An incident of a serious nature that requires reporting within 24 hours (excluding weekends and holidays).

**MECHANICAL RESTRAINTS** - Handcuffs or wristlets, chains or anklets, or any other approved or authorized device used to limit the movement of a youth.

**MODERATE/LOW RISK** - That risk level at which a youth is eligible to be considered/recommended for modification when other factors are met.

**MODIFICATION OF DISPOSITION** - The process by which the court modifies a previous disposition to include changing the youth's legal custody, suspending all or part of any order of commitment, eliminating conditions of probation, or adding any further conditions authorized by the La. Children's Code Articles 897 (B) and 899 (B). A Modification of Disposition order may also terminate an Order of Disposition at any time while the Order is still in force.

**MONITOR** - A YS/OJJ employee assigned to review program effectiveness, compliance with contract provisions, and accepted standards and public policy or state law.

**MULTIDISCIPLINARY TREATMENT TEAM (MDT)** - A group of individuals from diverse disciplines who provide comprehensive assessment and consultation and assist in identifying the goals of the SRP. The MDT should include facility and/or community providers, mental health professionals, YS/OJJ staff, youth and family members.

**NON-COMPLIANCE** - Failure to meet the terms of the contract.

**OUTCOMES** - The results of the impact and effectiveness of a service, process or program on the client; must be measurable and observable.

**OJJ** - Office of Juvenile Justice.

**PAT-DOWN** - A search of a fully clothed person. He/she may be required to remove all outerwear for the search, i.e., coats, jackets, hats, shoes, socks and belt only.

**PERFORMANCE** - To function in accordance with the requirements of the contract.

**PERFORMANCE COMPLIANCE** - Conformance to the programmatic expectations of effectiveness, efficiency, and efficacy of the service delivery as defined by contract performance standards (examples are: staff qualifications/housing/security).

**PHYSICAL RESTRAINT** - The act of applying appropriate physical force to a youth to control dangerous behaviors and minimize the chance of injury to staff, other residents, and/or the youth being restrained, and/or to prevent a youth from absconding from custody.

**PLACEMENT** - The assignment of a youth to a residential or non-residential contract program by the Office of Juvenile Justice.

**PLACING OFFICER** - The probation officer from the region of origin.

**PLACING REGION** - The YS/OJJ Region from which a placement originates (region of origin).

**PPO/J** - Probation and Parole Officer/Juvenile, OJJ (Probation Officer).

**PREA** - Prison Rape Elimination Act of 2003 was enacted by Congress to address issues of sexual abuse and sexual harassment of persons in the custody of U.S. correctional agencies. This legislation requires the Bureau of Justice Statistics (BJA) to initiate new national data collections on the incidence of prevalence of sexual violence within correctional facilities. PREA defines four categories of sexual abuse for purposes of data collection: abusive sexual contacts, nonconsensual sexual acts, staff sexual harassment and staff sexual misconduct.

**PROGRAMMATIC COMPLIANCE** – Documentation of approved activities/services leading to achievement of outcomes in conformance to the provisions required by the contract.

**PROVIDER** – An individual or organization providing services to YS/OJJ, through a duly executed contractual agreement; the terms "facility" and "program" are also used to mean provider.

**REASSIGNMENT** - The authorized move of a custody youth from one facility or program to another.

**REGION** - An organizational subdivision of YS/OJJ.

**REGIONAL DUTY OFFICER** - All professional level regional office personnel responsible for reporting serious incidents as described herein to the appropriate Regional Director. The regional duty officer may be the Regional Manager/designee.

**REGIONAL MANAGER** - Lead administrator of the YS/OJJ field offices located throughout the state.

**SERVICE/REINTEGRATION PLAN (SRP)** - A written plan [Attachment B.2.1 (b)] prepared by the youth's assigned IRT caseworker, who identifies the permanent plan and follow-up services needed by the youth upon release to facilitate successful transition and reintegration into the community and that is coordinated with OJJ to be used in completing the aftercare plan.

**RELEASE** - The process by which a court order removes a youth from YS/OJJ custody, allowing her return to the community.

**RELEASING AUTHORITY** - The court of jurisdiction per La. Children's Code Article 909.

**REPORTABLE INJURY** - Any injury that threatens a youth's life or limb, or that requires urgent treatment by a doctor, or severely restricts the youth's usual activities, or requires follow-up by a doctor.

**RUNAWAY** - Leaving the facility grounds or the custody of facility staff when off grounds without staff approval.

**SELF-MODIFYING ORDER** - An order or disposition which modifies itself, if conditions specified in the order are carried out or met, without any additional action by the court.

**STRIP SEARCH** - The search of a youth's person during which the youth is required to remove all clothing.

**SUPERVISING OFFICER** - The probation officer responsible for monitoring a placement of the youth while she is assigned to a particular intensive residential treatment program.

**SUPERVISING REGION** - YS/OJJ Region in which the intensive residential treatment program is geographically located.

**TIME-OUT** – Time-out for a youth directed by staff when there is a programmatic need. The use and issuance of SDTO must have the approval of the Facility Director or higher level personnel before the youth is placed in this area. SDTO cannot exceed 59 minutes. The door to the time-out room shall remain open.

**TRANSITION PORTFOLIO** – A portfolio of information compiled by the treatment team and provided to youth when released from a secure care facility which provides various information on job hunting, interview and placement information, rehabilitation, transportation, school, birth certificate, social security, driver's license, State ID card or driving schools, and transition concerns and contacts.

**TREATMENT** - Any therapeutic or rehabilitative service provided to a youth by a contractor.

**UNIT HEAD** - YS Facility Directors, Probation and Parole Program Director, Regional Managers, and the Deputy Secretary or designee for YS/OJJ Central Office.

**UNIT REPORTING OFFICER** - The appropriate facility or field personnel responsible for reporting Level I and II incidents as described herein to the assigned Duty Officer. The reporting officer may be the Director of the facility or a Regional Manager, or someone designated by either to fulfill this role.

**YOUTH** - A youth who is adjudicated delinquent and placed in the custody of YS/OJJ.

**YOUTH SERVICES (YS)** - Office of the Deputy Secretary and support staff.

## SECTION 11: APPENDICE

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( see SOP attachments)